
REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 16 MARCH 2009

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Mrs Margaret Davine * B E Gate * Manji Kara * Jerry Miles * Mrs Vina Mithani * Janet Mote	* Anthony Seymour * Mrs Rekha Shah (4) * Dinesh Solanki * Yogesh Teli * Mark Versallion
Voting	(Voluntary Aided)	(Parent Governors)
Co-opted:	† Mrs J Rammelt * Reverend P Reece	* Mr R Chauhan † Mrs D Speel

- * Denotes Member present
 (4) Denotes category of Reserve Members
 † Denotes apologies received

[Note: Councillor Navin Shah also attended this meeting to speak on the item indicated at Minute 509 below].

PART I - RECOMMENDATIONS
RECOMMENDATION I - Overview and Scrutiny Committee Terms of Reference

Members considered a report of the Assistant Chief Executive, which proposed changes to the terms of reference of the Committee, largely to reflect changes arising from the Local Government and Public Involvement in Health Act 2007. It was

Resolved to RECOMMEND: (to Council)

That the revised terms of reference of the Overview and Scrutiny Committee, as set out at Appendix 1 to these minutes, be approved.

PART II - MINUTES498. **Attendance by Reserve Members:**

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Mitzi Green	Councillor Rekha Shah

499. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

Agenda Items 9/10/11/12 – Annual Health Checks – Developing Scrutiny's Commentaries on NHS Trusts' Declarations to the Healthcare Commission/Overview of Cost Improvement Programme/Interim Report on Fire Incident on 11 February 2009/Provision of Primary Care Services in Harrow East

Mr Ramji Chauhan, a representative of parent governors on the Committee, declared personal interests in items 9-11 in that his son was being treated at Northwick Park Hospital.

Councillor B E Gate declared personal interests in items 9-12 in that his wife worked for a General Practice in the borough, his daughter worked part-time in another, and he was an outpatient at Northwick Park Hospital.

Councillor Vina Mithani declared personal interests in items 9-12 as she worked for a Health Protection Agency.

Councillor Janet Mote declared personal interests in items 9-11 as her daughter who was a nurse worked for a Trust. She also declared a personal interest in item 12, as her mother lived in Harrow East.

Councillor Anthony Seymour declared personal interests in items 9-11 in that he had been a patient at Northwick Park Hospital and a relative had been treated at St Mark's Hospital.

Councillor Rekha Shah declared personal interests in items 9-12 in that she was employed by Brent Council in the Community Health Team.

Councillor Stanley Sheinwald declared personal interests in items 9-11 in that he was receiving treatment as an outpatient at Northwick Park Hospital.

Councillor Dinesh Solanki declared personal interests in items 9-11 as his daughter worked at Northwick Park Hospital.

Councillor Yogesh Teli declared personal interests in items 9-11 in that he had been a patient at Northwick Park Hospital, and his uncle was a user of the services offered by Harrow Primary Care Trust and the Council.

Councillor Mark Versallion declared personal interests in items 9-11 as he was a non-Executive Director to the North West London Hospitals NHS Trust. He did not envisage his personal interests to become prejudicial during the course of discussions on the items.

They would remain in the room and take part in the discussion and any decision on the items.

500. **Minutes:**

RESOLVED: That the minutes of the meeting held on 10 February 2009 be taken as read and signed as a correct record.

501. **Public Questions:**

RESOLVED: To note that no public questions were put at the meeting under the provisions of Overview and Scrutiny Procedure Rule 8.

502. **Petitions:**

RESOLVED: To note that no petitions were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 9.

503. **Deputations:**

RESOLVED: To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.

504. **References from Council/Cabinet:**

RESOLVED: To note that there were no references from Council or Cabinet.

505. **Change in Membership of the Performance and Finance Scrutiny Sub-Committee:**

Following a proposal from the Conservation Group, it was

RESOLVED: That Councillor Mrs Eileen Kinnear be replaced by Councillor Vina Mithani as 4th Reserve on the Performance and Finance Scrutiny Sub-Committee.

506. **'Annual Health Checks' - Developing Scrutiny's Commentaries on NHS Trusts' Declarations to the Healthcare Commission:**

The Chairman welcomed representatives of the Trusts that served Harrow to the meeting.

An officer introduced the report of the Assistant Chief Executive, which set out the background to the Healthcare Commission's Annual Health Check for NHS Trusts with suggestions for the role of scrutiny in providing commentaries to Trusts. She referred to the requirement for NHS Trusts to declare compliance with standards set by the Department of Health and an assessment based on national indicators. The Healthcare Commission encouraged commentaries from third parties as a reality check.

She stated that commentary from scrutiny had to be based on evidence and submitted to the Trusts by 1 May 2009 for inclusion in their submissions to the Healthcare Commission. The Commission's response was expected in October 2009.

Rob Hurd, Chief Executive of the Royal National Orthopaedic Hospital, and Charlie Sheldon, Director of Nursing; Dr Alex Lewis, Medical Director of the Central and North West London NHS Foundation Trust; Sarah Crowther, Chief Executive of the Harrow Primary Care Trust, and Fiona Wise, Chief Executive of the North West London Hospitals NHS Trust, each addressed the meeting and introduced their draft declarations of compliance against core standards for the 2008/09 Annual Health Check.

Royal National Orthopaedic Hospital

The Committee was informed that the Trust was reporting compliance with 21 core standards. Three core standards had not been met: C13b (obtaining consent) due to insufficient audit evidence at present, and a decision at Board level would be taken during the following week as to whether C20 (a safe and secure environment which protected patients, staff and visitors of their property and physical assets of the organisation) and C21 (environments which promoted effective care and optimised health outcomes by being well-designed and well-maintained with cleanliness levels in clinical and non-clinical areas that meet the national specifications for clean NHS premises) would be declared not met or partly met. C20 and C21 had been met on some aspects and not on others so the discussion would be on whether the standards were partly met overall. In light of the age of the buildings, it was likely that C21 would be declared as being non-compliant.

In response to Members' questions, Rob Hurd reported that the timetable for achievement of Foundation Trust status was 1 December 2009 but was subject to a significant degree of risk. The viability of delivering a new hospital was in question. 2010 could therefore be a more realistic timescale. Since the previous year, the Trust had already improved on its use of resources and quality of services and was already on target to deliver another surplus in 2008/09. The major issue was the weakness in quality due to access times and not in the quality of care provided. Significant progress had been made regarding access times in the last year and the prediction was for a fair score.

With regard to core standard C13, two audits to check compliance had been undertaken but there had been no assurance that the Trust was fully compliant on this standard. Since the audits, new policies had been implemented and full compliance was expected.

The backlog in maintenance due to the outdated facilities was noted. The Health Commission hygiene code visit had identified a clean environment given the circumstances. An outline business case had been approved to sell two thirds of the land and rebuild in the centre of the site. However, due to the economic situation and resultant reduced land sale values including difficulty in raising funds, a phased approach towards the rebuilding of the Hospital would be taken. The business plan included the short, medium and long-term plans with a two year procurement phase and three to five year rebuild programme. The demand for services grew at a rate of 10% each year. The Trust intended to expand its services in the next 10-15 years and would take into account demographic changes.

The Trust needed to be seen to be addressing the standards in order to be regarded as an area of excellence. With regard to payment by results, the Trust was at average cost but higher than average cost in specialist areas. New tariffs would be implemented shortly and 20% more work was coming through with an increase in numbers of both private and NHS patients.

The Chairman thanked the Chief Executive and Director of Nursing and wished the Trust success in obtaining Foundation Trust status.

Central and North West London NHS Foundation Trust

Dr Alex Lewis, in presenting the report on behalf of the Chief Executive, referred to the workshops held for Overview and Scrutiny Committees which gave the opportunity to scrutinise and for Executive Leads to consider compliance and take into account whether any significant lapses had taken place in the year. Detailed examination of the Health Commission's cross-checking data was carried out. An internal audit check was awaited.

The Trust was expected to declare full compliance with all 24 core standards. Compliance was also expected on three new elements: C11b (staff concerned with all aspects of the provision of healthcare participated in appropriate mandatory training), C4c (kept patients, staff and visitors safe by having systems which ensured that all re-usable medical devices were properly decontaminated prior to use and that the risks associated with decontamination facilities and processes were well arranged) which was new for mental health trusts and C7e (discrimination is challenged, equality is promoted and human rights respected) on human rights. In responding to Members' questions, it was stated that, in order for the Trust to maintain its position, there would be more rigorous cross-checking of data, increased feedback from the Healthcare Commission and concentration on areas where the highest score was not achieved. An example of this was a more rigorous approach to appointments with the Trust having its own assessment centre before applicants were formally interviewed.

A Member asked if other Trusts could learn from the processes adopted by North West London NHS Foundation Trust. In response, the Trust's representative stated that although the Trust had been rated fourth in the country for the provision of in-patient facilities, the Trust was not complacent and was planning forward with a view to redeveloping further in-patient facilities at Northwick Park Hospital. Discussions with North West London Hospitals NHS Trust were taking place in this regard. Other sites would also be developed further with a view to introducing state-of-the-art facilities. The Trust was waiting to be informed regarding funding for Asperger and high functioning Autism services.

Members were pleased with the training arrangements and the services provided to users. The Scrutiny Lead Members for Adult Health and Social Care complimented the Trust on the work carried out by its staff based at Northwick Park Hospital, which they had witnessed during their recent visit to the Unit.

It was noted that up to 800 beds were provided by the Trust across London boroughs and the Trust's turnover was £200m. Reaching out to the diverse communities was a challenge for the Trust and it tried to ensure that the diverse communities were reflected in their staffing structures.

The Committee congratulated the Trust on an excellent report, which showed that there had been no significant lapses in meeting its core standards.

Harrow Primary Care Trust

Sarah Crowther referred to the two declarations made by PCTs, both as providers and as commissioning organisations. Some core standards applied to both aspects and some to one only. Whilst the Trust was anticipating that all core standards would be met, it was still collating evidence on some areas. An Internal Audit report on evidence gathering would provide the assurance that processes were in place.

In response to Members' questions, she informed the Committee that, following the Baby P case, the Secretary of State required all NHS organisations to undertake a review of their capacity, capability and systems in relation to child protection. This review was now under way and the PCT was examining the evidence gathered.

With regard to training, all clinical and support staff were expected to have mandatory training on child protection. School nurses received a higher level of training than other clinical staff. Although data was awaited on C2 (children were protected by following national child protection guidelines) and C5a (confirmation with National Institute for Clinical Excellence technology appraisals and adherence to nationally agreed guidance when planning and delivering treatment and care), the Trust was confident from the projections that the standards would be met.

She considered that a higher level of delivery had resulted from the amalgamation of Harrow PCT provider services with those of Ealing. The PCTs would concentrate on commissioning. A specific Director of Clinical Services had been appointed.

A recent lapse in data protection had been investigated and an action plan implemented in order to prevent a recurrence. Training and quality assurance system requirements had been identified.

The level of infection control training had been considered too low in the previous year but the C4a (keeping patients, staff and visitors safe by having systems to ensure that the rise of healthcare acquired infections to patients was reduced) target was expected to be reached in 2008/09. There was a focus on Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C-difficile). There were two elements of C5c (ensure clinical continuously updated skills and techniques relevant to clinical work): a reviewed framework had been put in place, and there had been an increase in the number of appraisals. Up to 90% of staff were being appraised and personal development plans were in place.

She expected the PCT to obtain an excellent rating within two years. A major change had been in the use of resources assessment and the strengthened governance arrangements which had been put in place. She was of the opinion that the fair rating would be maintained for 2008/09 and she expected the rating to improve in the following year.

The Committee thanked Sarah Crowther for her input.

North West London Hospitals NHS Trust

Fiona Wise stated that the Trust was measured on the same core standards as the RNOH and referred Members to the documents produced by the RNOH. She referred to the spot checks undertaken by the Healthcare Commission on five standards and reported that the Trust was one of only five to achieve compliance. Since the 2007/08 Annual Health Check, a new process had been introduced whereby the Trust Board's Sub-Committee were charged with overseeing compliance of core standards. The Sub-Committees had concluded that there was compliance with all healthcare standards. Standard C20a (a safe and secure environment which protected patients, staff, visitors and their property, and the physical assets of the organisation) would be reviewed again but Ms Wise was confident that compliance would be achieved.

In response to Members' questions, Fiona Wise stated that, whilst a surplus had been achieved the previous year, there was the historic debt of approximately £24 million. The possibility of putting aside the debt had been mooted but the details of a system to facilitate this had not yet been decided.

The Trust had performed exceptionally well on the existing targets but had failed on some new ones regarding patient experience and the audit of data that had not been quality assured. Efforts would therefore be made to ensure that the targets were reached for 2008/09.

Hospital staff were able to access risk register(s) for children and child protection plans. There was good joint working amongst the PCT, NHS and the Council with regard to this issue.

The recent fire at Northwick Park Hospital had had an impact on Standard C20a regarding the safety of buildings. It was reassuring that the Hospital had been able to evacuate patients safely and with speed during the recent fire.

There was no reason why the Trust could not improve on its 2007/08 score of 'fair' in the quality of services and 'weak' in its use of resources but until the historic debt was dealt with it could not be classified as being 'fair'. Moreover, the Trust had not been advised of the thresholds for all the targets, for example the collection of ethnicity information. However, there were 'good news' stories and the trajectory of travel was good. Unfortunately, the Trust was often judged on its past history.

The Chairman thanked Fiona Wise.

RESOLVED: That (1) the Committee's comments on each of the NHS Trusts' draft declarations to the Healthcare Commission as set out above, form the basis of its commentaries to the NHS Trusts; and

(2) the Chairman of the Overview and Scrutiny Committee, in consultation with the Policy and Performance Scrutiny Lead Members for Adult Health and Social Care, approve the final scrutiny commentaries to the NHS Trusts on behalf of the Committee.

507. **Overview of Cost Improvement Programme:**

Members received a report from Fiona Wise, Chief Executive of North West London Hospitals NHS Trust, which set out an outline of the proposals to reduce costs and increase income for the Trust. In so doing, the Trust was mindful of the need to minimise the impact on staff and to ensure that reductions in the pay bill were enduring and sustainable.

Fiona Wise stated that savings of £32m needed to be identified, and that all Trusts were required to make efficiency savings of £10m in the context of their budgets. Additionally, a redistribution of revenue into Teaching Hospitals would reduce the Trust's budget by £4m. The Trust had identified a saving of £16m, and consultations with staff were continuing. Whilst the Trust was looking to reduce the number of staff employed, it was also actively seeking to recruit some specialist staff.

Members were concerned about the impact of the proposals on junior doctors and pharmacy posts, whether care for the elderly would be affected, the cost associated with employing temporary and agency staff, the support available to staff to find employment elsewhere and the changes proposed to Information Technology. Fiona Wise was also asked if comparisons with other hospitals had been undertaken, and to provide brief comments on the outcomes of any bench-marking exercises carried out. A co-opted member was concerned as to how the Trust intended to ensure that it remained clinically and patient focussed during these challenging times.

Fiona Wise informed the Committee that the Trust would not fund the training of junior doctors, as this was the responsibility of the Deanery, which had recently announced that, because of a lack of funds available, it could not support junior doctor posts. The Trust employed 110 pharmacists and would examine processes to ensure that resources were used as efficiently as possible. There was scope to become more efficient in the provision of care for the elderly. The Trust was looking to provide care for the elderly in two wards at Northwick Park Hospital instead of the three at present. The proposals were expected to enhance patient care and there were no proposals to introduce a charging policy for patients. £10m was spent on 'bank' staff and £5m was spent on agency staff, such as midwives who were in short supply nationally. Ms Wise undertook to provide data and targets.

The Committee was informed that an employee assistance programme was in place to support staff who were seeking alternative employment. Costs associated with the provision of services to other Trusts would be reviewed in order to ensure that actual costs were charged.

A number of changes in the IT system were envisaged, such as automated responses and booking-in systems. Support services would also be reviewed. The number of managers and administrative staff employed by the Trust was low. These posts were considered necessary to provide support to other staff.

Fiona Wise stated that the North West London NHS Trust compared favourably with similar Trusts but it needed to improve its communication. Procurement of services was shared with neighbouring Trusts. A key issue was whether services ought to be provided at both Northwick Park and Central Middlesex Hospitals.

Fiona Wise was pleased to report that the Trust would achieve Accident and Emergency targets for the first time in recent years and that its mortality rates were good. She was not able to respond on the impact on the Trust's financial position should it be successful or unsuccessful in its bid to provide new stroke care services as part of the Healthcare for London proposals. However, it was essential that the Trust had implementation plans in place.

RESOLVED: That (1) the report be noted;

(2) the Chief Executive for North West London Healthcare NHS Trust provide data on 'bank' and agency staff it employed and associated costs to the Committee.

508. **Interim Report on Fire Incident on 11 February 2009:**

Fiona Wise, Chief Executive of North West London Hospitals NHS Trust, introduced the report on the fire at Northwick Park Hospital on 11 February 2009. She informed Members that the Trust's Board would consider a further report on this matter in late-March. She described the lessons learnt and stated that these would be discussed with other agencies, including the emergency services, which had provided support during the incident. Some independent sectors had helped with the carrying out of routine operations.

Fiona Wise described how the fire had occurred in one of the three main electrical sub-stations at the hospital, as a result of which the safety of the other two sub-stations had been examined and essential repairs undertaken.

Members were concerned about the general safety of electrical sub-stations and queried whether the damage done by the fire would be covered by insurance. They asked what alternative arrangements had been put in place and whether a Continuity Plan had been drawn up. The charging policy of the hospitals that had helped during the emergency and whether the cost would be covered by insurance were queried by Members. Health and safety concerns within the perimeter of the Hospital blocks were raised by a co-opted member, who also asked if the Children's Ward had re-opened.

In response, Fiona Wise stated that the Children's Ward would re-open on 1 May 2009. A Continuity Plan was in place but the public needed to be mindful that these were exceptional circumstances faced by Northwick Park Hospital. A number of bed-spaces had been reduced at the Hospital following the fire. She requested details of the health and safety issues raised by a Member and undertook to investigate these concerns. Members were informed that, during the emergency, staff had also been moved to other hospitals to care for patients that had been transferred and this had proved challenging. It was hoped that additional costs incurred during the emergency would be covered by insurance.

Members were informed that the final report would be issued in due course but that no date could be given at this stage.

A Member stated that during such times, it was important to acknowledge that the NHS was the best service in the world. Staff at Northwick Park Hospital had excelled, particularly during the fire incident.

Fiona Wise thanked the Member for the recognition, which she would pass to the staff at the Hospital.

RESOLVED: That the report be noted.

509. **Provision of Primary Care Services in Harrow East:**

Sarah Crowther, Chief Executive of Harrow Primary Care Trust (PCT), introduced a report, which updated Members on the development work being undertaken on the proposals for a new model of care for Harrow East, following approval by the PCT Board to proceed with the planning of a programme and preparation of a consultation plan. A further report would be submitted to the PCT Board at the end of March 2009 and it was expected that consultation would commence in May 2009. The PCT Primary and Community Care Strategy outlined the model of care proposed for Harrow and, as part of its proposals, had identified the need for polyclinics to be located in Harrow Town Centre and Wealdstone Centre. Discussions with the Council's Corporate Director of Place Shaping were continuing with regard to the suitability of various sites.

Sarah Crowther informed Members that, whilst lessons had been learnt from the establishment of a polyclinic at Alexandra Avenue, the project, on the whole, had been a success. The opening hours had been extended and, whilst the PCT continued to

lobby the Transport for London (TfL) for better public transport facilities, it was mindful that, when compared to many other sites, Alexandra Avenue Polyclinic was situated on a bus route and the premises were within walking distance from a tube station. She acknowledged that easy access was desirable and the demographics of areas ought to be taken into account when siting similar services. However, all public sector bodies, including the PCT, were restricted in the number of parking spaces that could be made available due to planning policies.

A Member who was back-benching and speaking on behalf of his constituents stated that the lack of information on the proposals for Harrow East was causing anxiety in the community. It was essential that information on the proposals, the timetable for redevelopment and details of engagement with local residents be in the public domain.

In response, Sarah Crowther stated that there were no specific proposals for Harrow East and for the future redevelopment of the closed Kenmore Clinic site, but she reiterated that the PCT Board would consider proposals in April 2009 for a Harrow East Poly-system and would take the Kenmore Clinic site into consideration as there had been a clear commitment from the PCT to redevelop the site. A Clinical Reference Group had been established and would advise the Board on these matters. It was not possible to predict timescales beyond the procurement timetable or comment on the size and design of the proposals at this early stage.

A Member pointed out that it was not always convenient for patients to travel by bus, particularly the elderly and those with young children. A waiting area for those collecting patients by car and disabled parking spaces ought to be provided. In response, Sarah Crowther stated that broader modes of transport needed to be considered. It was important that the correct levels of services were available, for example in a GP-led Health Centre and in polyclinics. A mix of services was essential to stop people from accessing these at hospitals unnecessarily.

Members asked about the proposals in respect of the closed Mollison Way Surgery. In response, Sarah Crowther identified the various milestones. In addition to the existing site, alternative sites would also be examined with a view to relocating the Surgery. It was intended to commence full service in November 2009 and the PCT was looking to ensure that massive improvements were in place including extended opening hours as, previously, the Surgery had only opened for 3 hours a day.

RESOLVED: That the report be noted.

510. **Draft Sustainable Community Strategy:**

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to enable consideration of the report prior to its consideration by Cabinet on 26 March 2009. A paper setting out the responses to the consultation together with officer comments and recommendations about the inclusion of the comments was tabled at the meeting. This was not available at the time the agenda was despatched as the end of the consultation period was after its despatch. Officers also needed to give consideration to the comments received from the consultation before making their recommendations.

An officer introduced the draft Sustainable Community Strategy and referred to the paper tabled at the meeting. He added that from the 161 comments received, 56 had been taken on board by officers and would be recommended to Cabinet.

The officer described the level of consultation carried out and was pleased to report that more interest had been received in the draft Strategy than in previous years.

A Member asked questions about the link between the Sustainable Community Strategy and the Sustainable Communities Act 2007 and whether the Strategy was driven by the Act. He asked whether any attempt had been made to link submission of proposals required by the Act with the Strategy. Another Member questioned the number of penalties issued by the Council for littering.

In response, the officer stated that the Strategy and the Act were not directly linked, but the Council should have regard to the Strategy in considering whether to forward submissions under the Act to the Local Government Association.

In relation to the question on penalties issued for littering, the officer undertook to make enquiries and respond to Members. He noted that the penalties issued might require publicity.

Members sought clarification on some of the many actions recommended in the paper tabled at the meeting. In relation to Wealdstone Town Centre, officers were recommending that the Strategy did not require amending further. A great deal of energy had been spent recently in re-opening Wealdstone High Street to 2-way traffic to increase passing trade for shops and there was no capacity at present for further regeneration. The comment that Wealdstone needed investment in attracting small businesses was considered to be an unrealistic aspiration in the current economic climate.

RESOLVED: That the report be noted.

511. **Councillor Call for Action:**

In accordance with the Local Government (Access to Information) Act 1985, a report of the Assistant Chief Executive was admitted late to the agenda in order that the Committee could consider the new the Councillor Call for Action (CCfA) provisions before they came into effect on 1 April 2009. The report had been produced after the main agenda was despatched to enable the inclusion of further detail about CCfA, which was provided at an Improvement and Development Agency (IDeA) event hosted by Harrow Council on 6 March 2009, and in light of the fact that the CCfA provisions would come into effect on 1 April 2009.

An officer introduced the report, which proposed a mechanism for adoption of a CCfA in line with that envisaged in the Local Government and Public Involvement in Health Act 2007 and the Police and Justice Act 2006. The officer stated that the process of CCfA should always be viewed as a measure of last resort and should be considered after the Council's robust Corporate Complaint Policy had been exhausted. She drew Members' attention to the process map for CCfA.

Members asked questions about the role of the Scrutiny Lead Members in the CCfA process, and the impact of the CCfA on community safety issues. With regard to the latter, the Policy Scrutiny Lead Member for Safer and Stronger Communities had requested a briefing from the Council's Crime Reduction Unit.

The officer responded that fear of crime was an issue for the borough and that the CCfA process identified the Joint Agency Tasking Co-ordination Group (JATCG) as an appropriate forum for the raising of community safety issues. She added that the Scrutiny Lead Members would serve as a filter in the first instance for CCfA referrals.

A Member stated that it was important that the process was used effectively and that this new opportunity was publicised. Training was an essential component and ought to be included in the Member Development Programme.

RESOLVED: That (1) the report be noted;

(2) the officer working group be advised of any local issues around the implementation of the Councillor Call for Action, which might affect its practical implementation;

(3) the officer working group be authorised to progress local plans around the implementation of CCfA; and

(4) training be included in the Member Development Panel for 2009/10.

512. **Overview and Scrutiny Committee Terms of Reference:**

Further to Recommendation 1, it was

RESOLVED: That the revised terms of reference be agreed.

513. **Report of the Scrutiny Lead Members:**

The Committee considered a written report of the issues considered by the Scrutiny Lead Members for Children and Young People, Safer and Stronger Communities and Adult Health and Social Care at their quarterly meetings in January and February 2009. The Lead Members had considered various issues, as follows:

Scrutiny Lead Members for Children and Young People

Overview and Scrutiny Committee Meetings held on 10 February and 21 April 2009, the latter focusing on Children and Young People Issues
Transition from Children to Adults
Safeguarding

Scrutiny Lead Members for Safer and Stronger Communities

Community Safety
Harrow Strategic Assessment 2008/09
Community Cohesion

Scrutiny Lead Members for Adult Health and Social Care

Adults and Housing Transportation Programme Plan
Safeguarding Adults
Local PCT Issues
Scrutiny Work Programme.

The Scrutiny Policy Lead Member for Adult Health and Social Care provided an update on the work undertaken since the report was written. As the Council's representative on the pan-London Joint Overview and Scrutiny Committee, she had recently attended a meeting, which had considered the Healthcare for London proposals on acute stroke services and major trauma care. The Royal Free and Imperial Hospitals had attended the meeting to give evidence and a number of issues had been highlighted at the meeting. There had been some discussion on running an international campaign similar to the one that had been run in the USA.

The same Member stated that, together with the Scrutiny Performance Lead Member for Adult Health and Social Care, she had visited the Central and North West London NHS Foundation Trust's unit at Northwick Park Hospital. The 25-bed acute in-patient unit was well managed and they were pleased to see that a complaint procedure was in place.

In response to a question about a blue badge scheme, the Scrutiny Policy Member for Adult Health and Social Care stated that discussions about the abuse of the system had taken place with the Corporate Director of Adults and Housing who had undertaken to investigate the situation.

RESOLVED: That (1) the transition from children's to adults' services be included in the Committee's work programme for 2009/10 with a view to work, starting in September 2009 and that, in the meantime, research be undertaken to identify good practice elsewhere;

(2) in relation to safeguarding children, further meetings be held with the Head of Service for Safeguarding and Family Support, the Joint Head of Learning Disability Services and other key officers;

(3) the evaluation of the Individual Budgets scheme be presented to the Committee after its consideration by Cabinet in March 2009 and that, in the meantime, the Scrutiny Lead Members for Adult Health and Social Care receive a briefing from the Divisional Director of Community Care on the findings which had informed the report to Cabinet;

(4) a report and action plan on the joint commissioning of the learning disabilities service be included on the scrutiny work programme and submitted to the April 2009 meeting of the Committee.

514. **Report from the Performance and Finance Sub-Committee Chairman:**

The Chairman of the Performance and Finance Scrutiny Sub-Committee introduced the report, which set out the items that had been considered by the Sub-Committee at its meeting on 21 January 2009.

A Member, referred to recent press reports alleging that Kier Group Ltd, the Council's Partner in delivering the asset management programme, had traded in the illegal exchange of builders' personal data, and suggested that these ought to be examined as the allegations impacted on the reputation of the Council. The Chairman of Performance and Finance Scrutiny Sub-Committee agreed to discuss the concerns expressed by the Member outside the meeting.

RESOLVED: That the issues set out in the report of the Performance and Finance Sub-Committee meeting held on 21 January 2009 be noted.

515. **Any Other Business:**(i) **Cabinet Decisions**

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to allow Members to comment on the circulation of Cabinet decisions following the receipt of a letter dated 12 March 2009 from the Legal and Governance Services Directorate.

A Member informed the Committee that a hard copy of Cabinet decisions would no longer be circulated to Members. He advised that the letter stated that Members would continue to receive email notification that the Cabinet minutes had been published.

The Member was of the view that this decision was detrimental to the scrutiny function and to Members who did not use email. Those Members would lose the power to call-in Cabinet decisions. Additionally, it would adversely affect the role of the Overview and Scrutiny Committee and back-benching Members. He stated that in future more consultation should be carried out before similar decisions were made. The Chairman agreed to raise this matter with the Leader of the Council.

RESOLVED: That the Chairman of the Overview and Scrutiny Committee raise the above concerns with the Leader of the Council.

(ii) Care Matters – Harrow's response to the Children and Young Person's Bill 2007 – Mandatory Training Sessions

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to ensure that a previous decision of the Committee would be implemented.

A Member commented that the Member Development Programme 2009/10 did not include reference to the mandatory training session for Councillors on their corporate parenting role which the Committee had previously requested be held by July 2009.

Another Member, speaking in her capacity as the Chairman of Corporate Parenting Panel, undertook to make enquiries and confirm that the training had been arranged and that it was mandatory.

RESOLVED: To note that Chairman of the Corporate Parenting Panel would make the necessary enquiries with regard to the training session for Councillors on their corporate parenting role and report back.

(iii) Overview and Scrutiny Committee – October 2009

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to allow Members to be updated on the Committee's decision in December 2008 to re-arrange the 7 October 2009 meeting, which was scheduled to be held during the Conservative Party Annual Conference Week.

An officer apologised that no progress with rearranging this meeting had been made.

RESOLVED: That the previous decision of the Overview and Scrutiny Committee meeting to re-arrange the 7 October 2009 meeting be progressed.

516. **Extension and Termination of Meeting:**

In accordance with the provisions of Overview and Scrutiny Committee Procedure Rule 6.6(ii) (Part 4B of the Constitution) it was

RESOLVED: At 10.00 pm to continue until 10.20 pm.

(Note: The meeting, having commenced at 7.00 pm, closed at 10.09 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman

APPENDIX 1**OVERVIEW AND SCRUTINY COMMITTEE REVISED TERMS OF REFERENCE**

The Overview and Scrutiny Committee has the following powers and duties:

1. To oversee an agreed work programme that can help secure service improvement through in-depth investigation of poor performance and the development of an effective strategy/policy framework for the council and partners;
2. To have general oversight of the council's scrutiny function;
3. To offer challenge and critical support to the Executive's policy development function and the long-term strategic direction of the borough;
4. To anticipate policy changes and determine their potential impact on residents and to recommend changes where these are appropriate;
5. To consider the council and partners' strategic approach to service delivery, using, where necessary, the power of overview and scrutiny committees to receive information from partner agencies and to require partner authorities to respond to reports and recommendations from the Committee, as set out under Part Five of the Local Government and Public Involvement in Health Act 2007;
6. To undertake detailed investigation of service/financial performance in order to recommend policy changes to the Executive and to commission investigations by the Performance and Finance sub committee;
7. To have regard, in carrying out its functions, to the requirement to involve local representatives, as set out in Part Seven of the Local Government and Public Involvement in Health Act 2007;
8. To report scrutiny findings and recommendations to the Executive within 8 weeks of being published or to its next meeting, whichever is the sooner, in accordance with the council's constitution
9. To consider items included in the Forward Plan;
10. To consider Councillor Call for Action in terms of
 - a. Local Government Matters (Section 119, Local Government and Public Involvement in Health Act 2007)
 - b. Local Crime & Disorder Matters (Section 19, Police & Justice Act 2006)
11. To discharge the functions conferred by Section 21(f) of the Local Government Act 2000 of reviewing and scrutinising, in accordance with regulations under Section 7 of the Health and Social Care Act 2001, matters relating to the planning, provision and operation of health services in Harrow.
12. To respond to consultations from local health trusts, Department of Health and any organisation which provides health services outside the local authority's area to inhabitants within it.