
REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 28 JULY 2009

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

* Denotes Member present
† Denotes apologies received

PART I - RECOMMENDATIONS - NIL
PART II - MINUTES

572. **Welcome:**
The Chairman welcomed guests from the North West London Hospital NHS Trust and NHS Harrow to the meeting. He also welcomed the Councillors from Brent Council who were present at the meeting to listen to the discussion on agenda item 9, Brent, Harrow and North West London Acute Services Review.

The Chairman also welcomed the Corporate Director of Community and Environment to his first meeting of the Overview and Scrutiny Committee.

The agenda was reordered during the meeting by the Chairman.

573. **Attendance by Reserve Members:**
RESOLVED: To note that there were no Reserve Members in attendance at this meeting.
574. **Declarations of Interest:**
RESOLVED: To note that the following personal interests were declared and that all Members would remain in the room and take part in the discussion and any decision on the items:

<u>Agenda Item</u>	<u>Member</u>	<u>Nature of Interest</u>
9. Brent, Harrow & North West London Acute Services Review – Progress Report and Future Options	Councillor Vina Mithani	Worked for a Health Protection Agency.
	Councillor Mark Versallion	Non-Executive Director of North West London Hospitals NHS Trust.
10. Healthcare for London Consultation on Acute Stroke and Major Trauma Services – Responses from Harrow Overview and Scrutiny Committee and pan-London Joint Overview and	Councillor Brian Gate	Married to a health professional and daughter worked at a General Practice.
	Councillor Mrs Rekha Shah	Previously employed by Brent Council in the Community Health Team.
	Councillor Janet Mote	Her daughter was a paediatric nurse at Northwick Park Hospital.

Scrutiny)
Committee)

575. **Minutes:**
In accordance with the Local Government (Access to Information) Act 1985, the minutes of the meeting held on 7 July 2009 were admitted late to the agenda to allow the Committee to approve the content.
- RESOLVED:** That the minutes of the meeting held on 11 June 2009 and the special meeting held on 7 July 2009 be taken as read and signed as correct records.
576. **Public Questions:**
- RESOLVED:** To note that no public questions were put at the meeting under the provisions of Overview and Scrutiny Procedure Rule 8.
577. **Petitions:**
- RESOLVED:** To note that no petitions were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 9.
578. **Deputations:**
- RESOLVED:** To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.
579. **References from Council/Cabinet:**
- RESOLVED:** To note that there were no references from Council or Cabinet.
580. **Brent, Harrow and North West London Acute Services Review - Progress Report and Future Options:**
In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Chief Executive of North West London Hospitals NHS Trust and the Chief Executives on the Brent, Harrow and North West London Acute Services Review, which was admitted late to the agenda to allow the Committee to consider the proposals prior to further clinical and public consultation.
- Members received a presentation from Fiona Wise, Chief Executive of North West London Hospitals NHS Trust, which highlighted key information contained within the report. She informed the Committee that the purpose of the presentation was to provide an update on the progress to date and to explain the rationale behind the preferred future configuration of hospital services.
- Fiona Wise outlined the four potential configurations that had been developed by a Clinical Reference Group set up by the Trust. She explained that Scenario 2 had been identified as the preferred option on the basis that it had received significant clinical support and would create safe and sustainable services. Under this scenario, Northwick Park Hospital (NPH) would be developed as a major acute site and would provide hospital services for both the local and wider community. Central Middlesex Hospital (CMH) would be developed as a local hospital for Brent residents, with an expanded elective centre serving the wider population.
- It was explained that Scenario 2 would ensure better utilisation of resources by placing clinical teams in the most appropriate location, thus minimising duplication of services. Fiona Wise informed Members that, whilst Scenario 2 was the most affordable option and supported North West London Hospital's Cost Improvement Programme (CIP), financial considerations had not been the main focus of the Clinical Reference Group when deciding upon the preferred model. Instead, it was felt that service configurations based upon Scenario 2 would ensure increased flexibility and the ability to efficiently respond to fluctuations in demand. In regards to the two Paediatric Assessment Units (PAU) detailed in the report, Fiona Wise informed the Committee that exact details of how the units would operate would be made available prior to full consultation.
- In response to a question from a Member, Fiona Wise stated that a mapping exercise had been carried out by an independent company in order to consider the impact transfer arrangements between CMH and NPH would have on patients. The resulting data had indicated that, with 83% of paediatric care currently being provided on an ambulatory basis and only 12.8% of patients requiring admission to CMH, there would be little impact on the vast majority of paediatric patients. Members queried whether the potential new configuration would impact upon patients' ability to access services at

NPH, given the additional demands the hospital would face. Fiona Wise stated that the hospital took pride in achieving its access targets and that these would remain in place, regardless of the final configuration. Members were also informed that, though the figure fluctuated, approximately 98% of patients attending NPH Accident and Emergency were seen within 4 hours but that the recent outbreak of Swine Flu would have an impact on this figure.

A Member questioned the rationale behind developing NPH into a major acute site, given that CMH had only recently been rebuilt and that NPH appeared 'tired'. Fiona Wise explained that, as an elective treatment centre, CMH's role would be to provide community orientated services. Mark Easton, Chief Executive of NHS Brent, added that, as CMH was a Private Finance Initiative (PFI) facility, there was a strong incentive to utilise the site as the NHS was locked in a 25 year contract. However, in order to provide an effective and high quality in-patient paediatric service, a critical mass of patients was required and this was best achieved by centralising such services in one location. Unlike CMH which was landlocked, NPH's capacity could be increased if required and its location made it a good choice for a major acute site. In addition, whilst the buildings were older than those at CMH, a number of upgrades had occurred in recent years and the underlying facilities and healthcare services were of a high quality. There was a long-term plan to upgrade the buildings.

Following a question from the another Member, Fiona Wise informed Members that from a financial perspective, Scenario 2 carried the least risk and the greatest possible gains when compared with the other scenarios that had been explored. When asked to clarify how the financial forecasts had been calculated, Fiona Wise explained that multiple 'sensitivities' had been applied to each scenario, including likely bed savings and leakages to other hospitals, and, from this, figures had been derived. However, it was accepted that some variables were not captured in the process and that the financial forecasts were likely to change by the time consultation began. In response to a further question from the same Member, Mark Easton informed the Committee that further clinical engagement with General Practitioners' was due to take place shortly, and it was expected that some may raise concerns over Brent residents having to travel further in order to access services.

A Member noted that whilst both NPH and CMH would have Paediatric Assessment Units (PAUs), only NPH would provide inpatient paediatric services. The Member queried whether patients would progressively stop utilising the PAU at CMH on the basis that they may ultimately be transferred to NWPH. In response, Fiona Wise stated that few patients currently received in-patient care at CMH. However, specially trained paediatric staff would be on duty at CMH, even though no in-patient facilities were available. In addition, Chelsea and Westminster and Great Ormonds Street Hospitals would continue to handle the most serious cases. The Member suggested that, despite this, the public's perception of the services offered by CMH was still likely to suffer. In response, Fiona Wise stated that a planned pre-consultation survey would help gauge whether this was likely to be an issue.

Following additional questions from Members, Fiona Wise stated that the relevant PCTs would be responsible for deciding upon the final course of action and that it was expected that the decision would be implemented before May 2010. Consultation was due to commence in October 2009 and a decision was expected in early 2010, although this was subject to change. With regards to funding, Fiona Wise explained that the Trust would fund the reconfiguration in line with capital allocations. Mark Easton added that NHS London required a pre-consultation business case to be made and consultation would only take place if the proposed scenario was considered financially viable.

A Member questioned whether any consideration had been given to transport connections and, more specifically, how patients and those visiting friends and relatives would access the hospital. The Member added that car parking at hospital sites was a contentious issue as it was often expensive. Mark Easton informed the Committee that Transport for London (TFL) would be involved in the reconfiguration of services. In regards to car parking pricing, Fiona Wise stated that the length of stay for the majority of inpatients at NPH was expected to be short with follow-up care being provided at CMH and, in many cases, through GPs. As such, individuals were only expected to make use of the car parking facilities on a short term basis, the pricing of which was regularly compared with other hospitals to ensure reasonableness.

A Member commented that NPH was more accessible than CMH and that the buildings were 'fresher' and cleaner. She also spoke highly of the filter desks provided at Accident and Emergency Service at NPH. Fiona Wise thanked the Member for the positive comments.

RESOLVED: That (1) the report be noted;

(2) the outcomes following consultation be submitted to the Committee.

581. **Healthcare for London Consultation on Acute Stroke and Major Trauma Services – Responses from Harrow Overview and Scrutiny Committee and pan-London Joint Overview and Scrutiny Committee:**

The Committee received a report of the Divisional Director of Partnership Development and Performance, which set out the progress of the Healthcare for London consultation on acute stroke care and major trauma services.

An officer informed Members that, following a meeting of the London Joint Committee of Primary Care Trusts on 20 July 2009, the future configuration of acute stroke services and major trauma networks in London had been decided. The new major trauma centres would be located at the Royal London Hospital (Whitechapel), St George's Hospital (Tooting), King's College Hospital (Denmark Hill) and St Mary's Hospital (Paddington). The new hyper-acute stroke centres would be located at Northwick Park Hospital (Harrow), Charing Cross Hospital (Hammersmith), University College Hospital (Euston), St George's Hospital (Tooting), King's College Hospital (Denmark Hill), The Royal London Hospital (Whitechapel), The Princess Royal University Hospital (Orpington) and Queen's Hospital (Romford). In addition to the hyper-acute stroke centres, 24 local hospitals would also provide TIA services for people who had experienced a transient ischaemic attack. People attending a TIA service would be rapidly assessed and treated, to reduce their chance of having a full stroke in future.

Fiona Wise informed Members that the TIA units would be put into operation as soon as possible and that the Trust was in the process of recruiting staff. In total, 58 beds would be made available at NPH specifically for the enhanced stroke services. The Committee were assured that NPH had sufficient resources, including equipment, to manage the new demands and that a bid for a stroke unit to be located at the hospital would not have been made if this had been a concern.

A Member congratulated NPH on becoming a hyper-acute stroke centre and thanked the Chairman for his hard work in bringing this issue to the attention of the Overview and Scrutiny Committee. The Member also thanked the Members of the Committee and officers that had been involved in the process. The Chairman stated that the success demonstrated how cross-party collaboration and partnership working could benefit the residents of Harrow, and how the Overview and Scrutiny Committee could successfully champion local causes.

A Member queried whether the staffing concerns that had been raised during consultation period had been addressed and how the transfer of patients from the hyper-acute stroke unit to the normal stroke unit would be managed in regards to bed capacity. In response, Fiona Wise stated that a recruitment drive was underway. In regards to bed capacity, she stated that, whilst the flow of patients would have to be carefully monitored, there was a growing desire to rehabilitate patients within the community, with an emphasis on a primary care model of delivery. In order to achieve this, partnership working with primary care providers and other hospitals would be necessary.

In relation to the major trauma centres, a Member noted that St. Mary's Hospital would be the last unit to become fully operational and asked whether this was likely to cause problems. In addition, with more patients expected to survive due to the new facilities, the Member queried whether consideration had been given to increased demand for trauma aftercare. Fiona Wise informed Members that the Joint Committee of Primary Care Trusts had considered the issue, but had decided that the benefit of having four major trauma centres in London outweighed the problems associated with having St. Mary's running slightly behind schedule. It was also thought possible that certain elements of the trauma service at St. Mary's would be available sooner than indicated, although this was speculative. In the meantime, the Royal London Hospital would provide additional support. In regards to aftercare, Fiona Wise stated that the Trauma Board would be conducting research on trauma pathways and it was expected that there would be an increased focus on rehabilitation. Similar work had been done on stroke pathways.

RESOLVED: That (1) the progress of the Healthcare for London consultation on acute stroke care and major trauma services be noted;

(2) the response to the consultation from the Joint Overview and Scrutiny Committee, of which Harrow Council was a member, be noted;

(3) the response to the consultation from the Overview and Scrutiny Committee be noted.

582. **Place Survey:**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Divisional Director of Partnership Development and Performance which was admitted late to the agenda to allow the Committee to contribute to the development of the Council's new approach to community involvement.

An officer introduced the report and informed Members that the Place Survey had been conducted between September and December 2008 across England and Wales and had sought the views of 3250 Harrow residents on a list of issues prescribed by central government. Whilst an initial report detailing the survey's findings had been presented to the Overview and Scrutiny Committee on 21 April 2009, no comparative data had been available at the time in order to put the results into context. However, London-wide averages were now available and the new data indicated that, for two particular questions concerning the promotion of resident interests and acting on the concerns of the local people, Harrow Council had scored below the outer-London average. In response to the results, the Corporate Strategy Board had commissioned work to further develop the Council's approach to community involvement and the Board would be producing an improvement plan and toolkit which would aim to address the identified issues.

A Member commented that though most residents were happy with their own area, there remained a perception that, on a general level, the Council did not operate effectively. He asked the officer to explain how the issue of perception was being addressed. In response, the officer stated that such perceptions were common throughout the country and highlighted a general skepticism of government, both local and central. A Member suggested that people were dissatisfied due to a lack of consultation between decision-makers and the wider public. The officer stated that whilst the Council had focused heavily on informing and communicating with residents, it needed to move towards true empowerment if it were to change community opinion. It was acknowledged that whilst community engagement was expensive, the social cost of not empowering communities was higher.

A Member asked why, despite the survey ending in December 2008, the results had not been available until April 2009. He added that unless data was available and acted upon immediately, its value became questionable. The officer informed the Committee that a methodological issue had resulted in an unusual delay, but that this was not expected to occur in the future. In addition, an unofficial Place Survey being run by the Council later in the year would aim to provide data within 3 weeks of concluding.

A Member stated that she was aware that a reward grant was available if the Council achieved certain targets in relation to community cohesion and queried whether this had been achieved. The officer stated that, currently, the target was not being met, although this was due to a large number of individuals answering "Don't know" in response to questions concerning whether people in their area got along. If the "Don't know" responses were removed from the calculation, Harrow would have exceeded the required target. The final result, which would be used to assess whether the Community Cohesion measure qualified for a reward grant, would be available in early 2010.

The officer stated that, due to the general nature of the two questions that had produced disappointing results, it was not possible to identify whether there were any specific issues residents were referring to. However, the two questions had only recently been introduced into the survey and it was expected that they would be refined over time in order to capture more data.

A number of Members were of the view that the Council often failed to communicate and celebrate its success and, as a result, community opinion did not reflect the progress that had been made. The officer stated that the Council had undertaken a number of initiatives to help improve its image, including clear branding of vehicles, community cohesion campaigns and the introduction of a Council run magazine, Harrow People. A Member was concerned that, despite investing significant money in the Council's Communications Service, residents' perception of the Council remained largely negative. Moreover, Harrow People was not received by all residents. Another Member stated that the impression given by the media was also a factor. Therefore the value for money provided by the Council's Communication Service could not be scrutinised in its entirety as it was related to various other issues. It was suggested

that directorates needed to work closely with the Communication department to ensure that success was made known.

RESOLVED: That (1) the Head of Communications be invited to attend a future meeting of the Overview and Scrutiny Committee to report on work being undertaken to address the negative perceptions of the Council, as highlighted in the Place Survey;

(2) the work undertaken to date on developing community involvement be noted;

(3) further reports be submitted to the Committee as the work develops.

583. **Councillor Call for Action (CCfA):**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Divisional Director of Partnership Development and Performance which was admitted late to the agenda to allow the Committee to be made aware of the responsibilities that fall to the Overview and Scrutiny Committee under the Councillor Call for Action (CCfA) process.

The officer informed Members that the flow diagram outlining the CCfA mechanism, as detailed in the report, contained a number of minor errors. These were as follows:

- working from the top, an arrow should link the second left hand box with the fourth left hand box;
- the wording in the seventh right hand box should read: "Scrutiny Lead Members recommend now to consider CCfA";
- the word "suggest" in the ninth left hand box should be underlined.

The officer explained that the CCfA mechanism would allow councillors to bring important issues to the attention of the Council. CCfA could be invoked when traditional routes had not been able to offer reconciliation and, in such instances, CCfA provided a way for councillors to escalate important issues that have been raised by members of the public to the Overview and Scrutiny Committee for consideration. The officer recommended that the process be reviewed after a year or 5 CCfAs, whichever occurred first. A Member stated that the CCfA mechanism was only intended to be a last resort and, as such, it was highly unlikely that 5 CCfAs would occur within a year. It was suggested that this number be reduced to 3.

In response to questions from Members, the officer explained that whilst Councils were required to implement a CCfA mechanism under the Local Government and Public Involvement in Health Act 2007, the process would vary for different authorities. In order to decide whether a CCfA be considered, lead members would consult with the scrutiny team, the officers previously involved in the case and consider other evidence that had been collated. In cases where the lead members for scrutiny were minded to reject the CCfA, the Overview and Scrutiny Committee would have to agree. The officer stated that in the event that no CCfAs were received within a year, the Council would look at the experiences of other authorities to gauge which elements of the mechanism needed reviewing.

RESOLVED: That the proposed Councillor Call for Action mechanism be noted, subject to the aforementioned modifications.

584. **Community Lettings:**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Corporate Director of Community and Environment which was admitted late to the agenda to allow the Committee to be made aware of the current issues around community lettings of schools and other Council buildings.

An officer informed Members that under the current lettings system, voluntary organisations applied to use a room in a school or Council-owned building and the Council subsequently liaised with the school or centre to make the necessary arrangements and enter into a hire agreement. Though Cabinet had approved to move to a grants based system in October 2004, with groups applying for a grant towards the cost of hiring a premises and then dealing directly with the premises provider, this had not been implemented as the new system was deemed too complex. The officer informed the Committee that there were a number of issues of moving towards a grant based system, namely the costs of hiring premises and a lack of transparency meaning that few voluntary organisations were aware of the system. The officer explained that the Council continued to subsidise lettings by 50% despite an already strained budget and the fact that most other local authorities had long since abandoned the practice.

However, if the Council were to move to a grants based system, many voluntary organisations would be unable to afford to rent premises without a subsidy being applied. Schools themselves were subject to strict financial controls that prevented them from subsidising community activities through the schools' budget.

A Member queried why a number of schools were missing from Appendix 1 of the report, which detailed institutes that had facilities available for hire. The officer explained that, under the current system schools could opt in to the Council-managed part of the process, although not all chose to do so. Organisations could approach non-listed schools directly, although this might be more expensive as no Council subsidy would be applied. Another Member stated that it was disappointing that some schools did not fully engage with the community lettings scheme and asked whether these institutes could be encouraged to do so. In response, the officer stated that whilst schools were autonomous, they were subject to the Extended Schools Agenda which put a duty on them to promote the Community Engagement Agenda. However, it was accepted that some schools did not have appropriate facilities that could be used. A Member asked whether schools could be encouraged to rent their facilities. The officer stated that the Achievement and Inclusion Service worked closely with schools in the run-up to Ofsted inspections and this could be used as an opportunity to encourage and promote community lettings.

A Member noted that the report had been provided for information purposes and asked the officer to clarify how the Overview and Scrutiny Committee could be of assistance in resolving the matter. In response, the officer stated that the lettings system had been allowed to stagnate and it was hoped that the Committee could provide comments and suggest a way forward. The Corporate Director for Community and Environment stated that an action plan needed to be drawn up. He added that it was important that any new system simplified the application process, brought community lettings in line with the Council's wider booking system and linked the process into a wider strategy, such as the extended schools agenda. The Corporate Director for Community and Environment informed the Committee that he would discuss the matter with the Portfolio Holder for Community and Cultural Services.

Members agreed that an action plan was required and that it would need to be subject to a timescale to prevent further delays. No progress had been made in regards to this matter for sometime and this was disappointing. It was also felt that the action plan should acknowledge the need to encourage schools to engage in community lettings by applying external pressure. Members added that the Council, governors and headteachers would all need to be involved, including the Council's Education Consultative Forum.

RESOLVED: That (1) it be noted that the Corporate Director for Community and Environment would formulate an action plan with a view to improving the Council's community lettings system;

(2) the Overview and Scrutiny Committee receive a progress update at its meeting on 12 October 2009.

585. **Report from the Scrutiny Challenge Panel on the Grants Programme 2010/11:**

The Chairman of the Challenge Panel introduced the report, which set out the observations and recommendations of a scrutiny challenge panel on the proposed grants programme for 2010/11, as presented to the Grants Advisory Panel on 2 July 2009. The Chairman informed the Committee that the Grants Advisory Panel had deferred consideration of the item to its next meeting. The Chairman therefore moved that the recommendation to forward the report to Cabinet for consideration and formal response be replaced. It was duly seconded and carried.

A Member stated that he was disappointed that the Grants Advisory Panel had decided to defer consideration of the report until its next meeting given the significant work that had been undertaken by the challenge panel. It was noted that elements of the report were touched on by the Grants Advisory Panel and that perhaps only outstanding issues might need to be considered by the Panel at its next meeting.

RESOLVED: That (1) the observations of the Scrutiny Challenge Panel be noted;

(2) the recommendations of the Scrutiny Challenge Panel be endorsed, in the expectation that the Grants Advisory Panel would be considering the report at its meeting on 8 September 2009.

586. **Scrutiny Work Programme Update:**
An officer introduced the report, which outlined the position of the scrutiny reviews currently underway. She informed Members that due to staffing difficulties within the scrutiny team, the focus of the work programme would need amending. It was explained that, whilst no items would be missed, there was a need to reschedule some of the reviews due to a lack of resources during September 2009. Following further discussions on the remaining projects, it was
- RESOLVED:** That (1) the Acute Services Review be prioritised in order to respond to NHS consultation due to commence in September 2009;
- (2) the Transitions project be carried over to the next municipal year, unless resources are found earlier;
- (3) the performance of the Kier contract project be undertaken in October 2009;
- (4) the HRA project be undertaken in October 2009 and if resources are available.
587. **Report from the Chairman of Performance and Finance Scrutiny Sub-Committee to Overview & Scrutiny:**
In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Chairman of the Performance and Finance Scrutiny Sub-Committee, which was admitted late to the agenda to enable the Overview and Scrutiny Committee to note the items that were considered by the Performance and Finance Sub-Committee at its last meeting.
- The Chairman of the Performance and Finance Scrutiny Sub-Committee introduced a report, which set out the items that had been considered by the Sub-Committee at its meeting on 20 July 2009.
- Members considered the recommendations and it was
- RESOLVED:** That the issues set out in the report of the Performance and Finance Sub-Committee meeting held on 20 July 2009 be noted.
- (See also Minute 588).
588. **Minutes of the Performance and Finance Scrutiny Sub-Committee Meeting held on 20 July 2009:**
In accordance with the Local Government Act (Access to Information) Act 1985, the minutes of the Sub-Committee meeting held on 20 July 2009 were admitted late to the agenda so that actions arising from the minutes could be agreed and taken, as appropriate. The minutes had not been available at the time the agenda was printed and circulated as they were being consulted on.
- RESOLVED:** That the actions arising from the minutes of the Performance and Finance Scrutiny Sub-Committee meeting held on 20 July 2009 be noted and, insofar as was necessary, agreed.
589. **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 10.15 pm.
- (Note: The meeting, having commenced at 7.04 pm, closed at 10.12 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman