
REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 3 SEPTEMBER 2009

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Ms Nana Asante (3) † Mrs Margaret Davine * B E Gate * Mitzi Green * Manji Kara (4) * Ashok Kulkarni (3)	* Jerry Miles * Mrs Vina Mithani * Janet Mote * Paul Scott (1) * Anthony Seymour * Dinesh Solanki
Voting Co-opted:	(Voluntary Aided) † Mrs J Rammelt Reverend P Reece	(Parent Governors) * Mr R Chauhan * Mrs D Speel

* Denotes Member present
(1), (3) and (4) Denote category of Reserve Members
† Denotes apologies received

PART I - RECOMMENDATIONS - NIL
PART II - MINUTES

590. **Welcome:**
The Chairman welcomed representatives from Harrow Primary Care Trust, the Portfolio Holder for Environment and Community Safety, the Divisional Director of Environmental Services, the Director of Schools and Children's Development and the Divisional Director of Audit and Risk.

591. **Attendance by Reserve Members:**

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

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Yogesh Teli	Councillor Manji Kara
Councillor Mark Versallion	Councillor Ashok Kulkarni
Councillor Christopher Noyce	Councillor Paul Scott
Councillor Mrs Rekha Shah	Councillor Nana Asante

592. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

<u>Agenda Item</u>	<u>Member</u>	<u>Nature of Interest</u>
9. Harrow PCT Influenza Pandemic Plan) Councillor Vina Mithani	Worked for the Health Protection Agency.
) Councillor Brian Gate	Married to a health professional and daughter worked at a General Practice.
) Councillor Janet Mote	Daughter was currently a paediatric nurse at Northwick Park Hospital.
11. Adults Services Complaints Annual Report 2008-09) Councillor Dinesh Solanki	Cabinet assistant to the Portfolio Holder for Adults and Housing from September 2009.

be sustained or increased without such support. The Portfolio Holder informed the Committee that Harrow had the second highest recycling rate in London. She informed Members that the Council was realistic when deciding upon recycling targets and fully acknowledged that the public realm budget had to be split between a wide range of services. As such, the Council aimed to strike a balance between increasing recycling rates whilst developing other services such as street cleansing. However, in order to maximise use of available resources, the Council was predominantly targeting difficult properties where occupiers were consistently failing to recycle. She added that, whilst maintaining and increasing recycling rates was costly, the use of landfill sites was unsustainable on both an environmental and financial level. In regards to publicity, the Portfolio Holder informed Members that she regularly conducted interviews with local media.

A Member stated that some areas of Harrow had a large number of transient residents and this often resulted in poor recycling rates. She queried how the Council was addressing the issue. The Portfolio Holder stated that welcome packs for new residents were being introduced and that the Council was working closely with landlords to ensure that residents fulfilled their recycling obligations. In response to concern from a Member that commercial recycling was being neglected, the Portfolio Holder informed the Committee that progress was being made. She stated that initially the Council was focussing on schools and that this was proving successful. She added that, in addition to increasing the boroughs overall recycling rate, the introduction of recycling at schools helped educate young people about the need to recycle. A Member asked whether the Council had any plans to work with restaurants and food outlets. The Portfolio Holder stated that this was an ambition, but that additional resources would be required.

A Member asked how the Council monitored and dealt with bin contamination. In response, the Portfolio Holder informed the Committee that the Council was piloting an electronic Geographic Information Mapping System which helped bin collectors record recycling violations. The information was subsequently transferred back to the Council where data could be monitored centrally. In addition to highlighting non-compliance, the system could also be used to identify properties that had been missed and to assist with efficient route planning. A Member raised concern over the disposal options available for paint, oils and spirits, all of which had the potential to contaminate water supplies. The Portfolio Holder stated that there already existed safe methods to dispose of such substances, although she would discuss the issue with officers. A Member asked whether the Council had considered recycling waste oil by converting it into fuel. The Divisional Director for Environmental Services stated that such an initiative had been established in some areas of the country by voluntary groups. However, this was not currently one of the Council's main priorities.

A Member questioned whether the Council was prepared for the winter leaf fall which put considerable strain on Environmental Services. She recommended that an update be provided to the Overview and Scrutiny Committee in Spring in order to reassess the situation. The Portfolio Holder stated that there were approximately 19,000 street trees in the borough and leaf fall was understandably a concern for residents. However, she assured the Committee that resources were in place to deal with the yearly leaf fall and that the resulting waste would be composted. She added that the Council had invested in new technology to deal with the issue. A Member inquired as to why the green banks that had been used to collect a range of recyclable materials had been removed from around the borough. The Portfolio Holder stated that the green banks had attracted fly-tippers and that there was no alternative but to discontinue the scheme.

On behalf of the Committee, the Chairman thanked the Portfolio Holder for Environment and Community Safety and Environmental Services for their hard work.

RESOLVED: That the report be noted.

600. **Harrow PCT Influenza Pandemic Plan:**

A representative for Harrow PCT introduced the Harrow PCT Influenza Pandemic Plan. She informed the Committee that the plan detailed arrangements for NHS Harrow's response to an influenza pandemic, including actions that would be taken by the PCT and primary care services. She stated that since the World Health Organisation had declared the pandemic, Harrow PCT had been implementing national guidance and monitoring the situation carefully. She explained that, as more information had become available, the Influenza Pandemic Plan had been modified accordingly and would shortly receive ratification by the PCT Board. She informed Members that the PCT's current priorities were to ensure the vaccination process commenced as soon as possible and that immunisation was made available to frontline staff. In addition, the PCT would continue to support the Acute Trust in managing seasonal flu preparations.

The Divisional Director of Audit & Risk, informed the Committee that Harrow Council had a business continuity plan in place to ensure that services would continue to operate efficiently, despite the pandemic. He stated that, with the introduction of the Civil Contingencies Act 2004, all local authorities had a duty to maintain plans to ensure that they could continue to exercise all of their functions in the event of an emergency, so far as was reasonably practicable. Jonathan Price, Policy and Development Manager for Adults and Housing, added that the Council maintained a joint database with Harrow PCT in order to monitor and share information regarding the impact of swine flu on the provision of services. Such a system allowed both sides to respond to developments promptly.

A Member asked how the PCT could ensure that the vaccination was safe. The PCT representative stated that, although the vaccine had been developed as a matter of urgency, it remained subject to standard safeguards and was, at present, still under licensing review. The PCT would only commence with its immunisation plans once full clearance had been obtained. Whilst the vaccine presented a small risk to certain individuals, such as pregnant women, these 'danger groups' were well known and clear guidance was in place to ensure that clinicians thoroughly assessed individuals and explained potential risks before administering the vaccine. For those that were currently taking medication that could not be taken in conjunction with the swine flu vaccine, alternative options were available.

Following a number of questions regarding the potential impact of swine flu on Harrow PCT, including A&E's ability to deal with an influx of patients, the PCT representative informed the Committee that a large scale anti-viral distribution centre was in place, but had yet to be brought into operation as pharmacists were continuing to cope with demand. With primary care services handling the provision of anti-viral medicine, it was not expected that A&E would see a significant rise in patient numbers. Furthermore, she added that the PCT had a business continuity plan in place and could upscale and downscale services as required, without compromising patient safety. However, whilst safeguards were in place, it was estimated that the outbreak of swine flu had cost Harrow PCT approximately £60,000. A Member stated that the ability to upscale and downscale services efficiently was dependent on the ability of the PCT to spot an upsurge in swine flu and respond quickly. The PCT representative informed the Committee that swine flu was being monitored via a number of different methods. In particular, information was regularly sent to NHS London, including capacity reports. As the Strategic Health Authority, NHS London monitored unusual usage across the region which could indicate an upsurge in swine flu. The number of individuals attending PCT sites to collect anti-viral medicine was also carefully monitored for the same purpose. In addition, the Health Protection Agency lead on acute surveillance and school absenteeism was also monitored closely. The Divisional Director of Audit & Risk added that Harrow Council continued to monitor staff absence due to flu symptoms.

A Member queried how the PCT would cope should vital lead clinicians, managers or those in key roles fall ill. The PCT representative assured the Committee that every directorate had a business contingency plan in place and that regular senior management meetings ensured that PCTs were aware of key posts. In most cases, duties could be shared between similarly qualified and experienced individuals. When this was not possible, staff could usually be drafted in from neighbouring boroughs.

A Member asked how long it would take to deliver the vaccination once the licence had been granted. The PCT representative stated that the PCT had the ability to deliver the vaccine to three key vaccination sites, including Northwick Park Hospital. In addition, vaccines would be distributed to local primary care providers. She stated that whilst she was unable to provide a definitive timescale, distribution would take place as quickly as possible. A Member queried whether schools would act as vaccination sites for children. The PCT representative, stated that the first wave of immunisations would not include children, unless an individual child was from a high risk group. However, the second wave of immunisations could potentially take place at schools. Following a request for information concerning the lifespan of Tamiflu, the PCT representative stated that she would need to check and agreed to provide Members with the information outside the meeting.

Following concern from Members over the possible side-effects of the swine-flu vaccination, the PCT representative informed the Committee that all anti-viral medication had the potential to cause unexpected reactions in some individuals. However, in the vast majority of cases, such side-effects would be mild and of little consequence. A Member added that she was aware of a case where a child with meningitis had been misdiagnosed as suffering from Swine Flu. She asked how the

PCT intended to overcome such issues and, in addition, how swine flu could be differentiated from seasonal flu. The PCT representative informed the Committee that she was aware of the meningitis misdiagnosis and that the Swine flu helpline had subsequently altered the questions they asked callers in order to prevent a reoccurrence. In regards to differentiating between different strains of flu, as swine flu was simply a different sub-type of the standard flu virus, this was not possible unless swabs were taken from the patient and sent to a laboratory for testing. However, the same anti-viral medicine could be provided for both forms of the flu and those at clinical risk would be immunised against both seasonal and swine flu.

RESOLVED: That the report be noted.

601. **Children's Services Complaints Annual Report 2008-09:**

An officer introduced the report and informed Members that overall it had been a good year for complaints, especially as the Council's complaints system was well publicised. In regard to stage one complaints, the Council was surpassing national timescale standards with 77.5% of complaints completed within time. Stage 2 complaint data indicated no significant issues, with a minor concern being that the special needs escalation rate had increased to 20%. When the complaints relating to the West Lodge amalgamation consultation process were not taken into consideration, only 6% of complaints had escalated to stage 2. Of the 5 complaints that had reached stage 3, only one of these was not West Lodge related and the complainant was later deemed to be vexatious. The officer explained that, due to the sensitivity of the West Lodge complaints, the final decision was made by the Local Government Ombudsman (LGO) who eventually recommended a local settlement with compensation of £250 per complainant for the time and trouble to pursue the points of the complaint that were legitimate. In concluding, the officer stated that some complaints would always escalate and this often indicated an accessible complaints system rather than a cause for concern. However, the officer informed the Committee that from 1 April 2009, the LGO's official policy had changed and the organisation would now issue findings on all complaints investigated. He informed Members that there were likely to be publicity implications as a result.

A Member queried whether any comparative data was available so that comparisons could be made between Harrow and other local authorities. The officer informed the Committee that the London Complaints Manager Group was in the process of collating data so this was not yet available. However, as complaint systems varied, he would expect huge variations in results which could be misleading. He explained that whilst Harrow vetted every Stage 1 response letter to ensure complainants were advised of their right to proceed to the next stage of the complaints procedure, most other local authorities had not adopted the same practices and, as such, Harrow might experience a higher number of complaints.

A Member asked how vexatious complaints were defined and how those that had been added to the list of vexatious complainants were dealt with. The officer explained that the Council followed national statutory guidance when dealing with vexatious complaints. However, complaints were never prejudged and, if necessary, would be put through the entire complaints procedure. Individuals added to the list of vexatious complainants retained the right to approach the LGO and could still complain to the Council, although such complaints would be dealt with differently.

RESOLVED: That the report be noted.

602. **Adults Services Complaints Annual Report 2008-09:**

An officer informed Members that new regulations had come into effect from 1 April 2009 and that these would significantly alter the way in which the Council dealt with adult services complaints. The officer referred to key changes contained in the report.

A Member noted that there had been significant service user dissatisfaction with Care UK and queried whether the issue had now been resolved. The officer informed the Committee that prior to the BBC Panorama documentary being broadcast, Adult Services were aware of the issues and acting to address the problems. Whilst considerable improvements had since been made, work was ongoing. The Member stated that training needed to be improved as the documentary demonstrated that, at the time of filming, some Care UK staff lacked experience and knowledge. The officer stated that this issue had been addressed and that the Council was now receiving regular reports and was able to better monitor the situation. At the request of the Chairman, the officer agreed to provide Members with details of the training offered by Care UK to new staff, outside the meeting.

A Member stated that it was important that contractors shared the same commitment to complaint handling as the Council. The officer informed the Committee that the Council was increasingly monitoring the complaint procedures of all care providers and ensuring that service users were given the opportunity to complaint directly to the Council if necessary. The Member added that it would be useful if a representative of Care UK was invited to attend a future meeting of the Overview and Scrutiny Committee so that Members could better understand the training available to staff. Members were also concerned that complaints were still being received and felt that this needed to be addressed by a representative.

RESOLVED: That (1) the report be noted;

(2) a representative of Care UK be invited to a future meeting of the Overview and Scrutiny Committee to address the concerns surrounding training of staff.

603. **Report from Lead Members:**

The Committee considered a written report of the issues considered by the Scrutiny Lead Members for Children and Young People, Corporate Effectiveness and Safer and Stronger Communities.

RESOLVED: That (1) a scoping workshop involving key officers from Children's Services, Adult Services and the PCT be organised to set the scope for further work regarding Transitions in the 2010/2011 municipal year;

(2) further information regarding the Transformation Programme be provided to the Corporate Effectiveness Lead Members at their next meeting;

(3) a diagram / matrix of the people and organisations relevant to the Community Engagement work within the borough be developed in time for the Safer and Stronger Communities Lead Members' next quarterly meeting;

(4) the Safer and Stronger Communities Lead Members be provided with a copy of the Community Involvement Strategy;

(5) an update regarding recent developments in community safety be provided to the Safer and Stronger Communities Lead Members at their next quarterly meeting;

(6) an update regarding the progress of the Gypsy and Traveller Strategy be provided to the Safer and Stronger Communities Lead Members at their next quarterly meeting.

604. **Scrutiny work programme update, including timetabling:**

An officer introduced the report, which outlined the position of the scrutiny reviews currently underway. The officer stated that the Transitions workshop was due to be held in either late September or early October 2009. In addition, a challenge panel to consider the performance of the Kier Contract was due to take place in October.

RESOLVED: That (1) the progress of the current review programme be noted;

(2) the scheduling of projects for 2009/10 be confirmed;

(3) a workshop to prepare a scope for the Transitions review be held in either late September or early October 2009.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.57 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman