



## **MINUTES OF THE SCRUTINY COMMITTEE Wednesday 6 August 2014 at 7.00 pm**

PRESENT: Councillor A Choudry (Chair) and Councillors Allie, Amer, Daly, Kansagra, Oladapo, R Patel and Southwood and Mr Frederick (Co-opted Member)

Also Present: Councillors Collier, Filson, Hossain, Jones, Kabir, Long, Nerva, Perrin and Tatler

Apologies were received from: Councillors Colwill, W Mitchell Murray and Van Kalwala and from Ms Points (Co-opted Member), Dr Levison (Co-opted Member) and appointed observers, Ms Cooper, Ms Jolinon and Mrs Gouldbourne.

### **1. Appointment of Vice Chair**

RESOLVED:

That Councillor Colwill be appointed as Vice Chair of the Scrutiny Committee for the 2014/15 municipal year.

### **2. Declarations of interests**

None declared.

### **3. Central Middlesex Hospital closure assurance**

The Chair briefly introduced the item and advised that members had requested a number of supporting documents from colleagues at NHS Brent Clinical Commissioning group (CCG) to assist the committee in undertaking detailed scrutiny of the assurance process for the closure of the A&E unit at Central Middlesex Hospital (CMH). The Chair expressed his disappointment that these documents had not yet been provided to the committee and received confirmation that they would be provided following the meeting.

Councillor Daly asserted that she could not support the plans to close Central Middlesex Hospital Accident and Emergency Department as she been provided with inadequate evidence to make a decision<sup>1</sup>. The Chair reminded the committee that the item related to the robustness of the assurance process for the closure of the A&E at CMH.

David McVittie, Chief Executive of North West London Hospitals Trust (NWLHT), was then invited to present the report to the committee. He advised that the plan to close the A&E unit at CMH pre-dated the Shaping a Healthier Future programme

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<sup>1</sup> As amended on 9 September 2014.

and had related to the under-utilisation of the site, which in turn had reduced opportunities for doctors to develop their skills and had driven recruitment difficulties. It was emphasised that at no time had CMH been unsafe and that average attendances for the A&E unit at CMH was far below that of Northwick Park Hospital (NPH) at 35 per day compared to 250. Admissions at CMH were also significantly lower and could have been reduced further if patients had been treated at NPH where there were additional facilities. Concerns regarding the historic performance of NPH A&E were acknowledged and the meeting was advised that there had been targeted investment in emergency physicians; for example the number of A&E consultants had been doubled to 14 over the past 18 months and two full time emergency surgery consultants had been recruited.

During the subsequent discussion, the committee questioned why the closure of the A&E unit at CMH had not been scheduled to coincide with the opening of the new A&E department at NPH. Members queried when the A&E unit at Ealing Hospital was due to close and sought comment on the recent Care Quality Commission (CQC) inspections of NPH and Ealing Hospital. Noting the challenges that NPH had previously faced, it was further queried how NPH would maintain and enhance performance and service quality. The committee noted that the closure of CMH would result in a loss of £3.5million and it was queried how this would be recovered. It was also queried whether there was an existing, successful model for a hospital to have a stand-alone Urgent Care Centre.

The committee further questioned whether the figures quoted for average attendances at CMH reflected A&E usage following the implementation of restricted opening hours. Members queried why there were recruitment difficulties at CMH but not at NPH. Noting that the number of A&E consultants had been increased to 14, it was queried how they were distributed between CMH and NPH, what recruitment targets were in place and what the timescales for those targets were. Further information was also sought regarding the measures in place to retain staff, particularly following changes to working hours. A concern was raised that the consultation period for patients had been too short and additional information was sought on the consultation activities undertaken. Noting that the committee had not had view of the Equalities Impact Assessment, it was queried what action had been taken to ensure that the needs of those with long term health conditions had been taken into account, for example those with Sickle Cell Disease who would be particularly affected by the closure of the Roundwood Suite at CMH.

Responding to the questions raised, David McVittie was emphasised that it was a difficult task to move A&E services and it had been considered safest to keep the introduction to the new A&E department distinct from the closure of the unit at CMH. The move from the existing to the new department at NPH would also be phased over a period of days. Staff were currently being rotated between CMH and NPH to ensure that they were familiar with the existing department and the available services at the hospital. There was no confirmed date for the closure of the A&E department at Ealing Hospital but it was broadly scheduled for 2017/18.

Members were further advised by David McVittie that the CQC inspection for Ealing Hospital had found that 3 of 7 areas examined had not met standards; however, the CQC report detailed that these were minor issues. The CQC report for NPH had only been issued in draft form and it was not therefore, possible to provide full details of the outcome. However, the draft report had indicated that the hospital was

safe but required improvement in all areas. It had also highlighted that NPH had an outstanding Stroke service and STARS service. Staff had demonstrated that they could deliver quality services and compassion had been shown in every clinical area inspected. NPH did face issues of continued service pressure and there had been significant investment to address these issues. However, the assurance process had also looked at other measures that could be taken, including London Ambulance Service (LAS) routes and redirecting to other hospitals.

David McVittie explained that the loss of £3.5m came from the reduction of work carried out at CMH. However, it was planned that the vacated space at the hospital would be occupied by other services, focussing around Brent Primary Care. It was not intended that there would be equivalent savings made in other areas to address this loss of income; rather it was accepted that there would be a large deficit for the next two years. It was emphasised that the plans had been approved by the Department for Health and that as safety was paramount, it was expected that additional funding could be made available if it was deemed essential. Dr Mark Spencer (SaHF Programme Medical Director) confirmed that hospitals in Southampton and Sidcup now had Urgent Care Centres but had previously had A&E units. In both examples the change had worked very well and the Urgent Care Centres were now hubs of their local communities.

David McVittie advised that the attendances figure for CMH represented the average per day for the last two years, during which time the A&E department was only open for 12 hours a day. This figure did not include attendances at the Urgent Care Centre. However, the number of attendances for CMH A&E prior to the unit's reduced opening hours was still far less than the equivalent figure for NPH.

Addressing the committee's queries regarding recruitment, David McVittie advised that of the 14 emergency consultants, 2 or 3 were based at CMH and the rest at NPH. It was intended that there would be a total of 18 emergency consultants eventually. There was no timescale for recruiting to these positions but recruitment efforts would continue. Professor Ursula Gallagher (Director of Quality and Safety, Brent CCG) advised that NPH represented a more attractive opportunity for doctors wishing to be practice emergency medicine. She highlighted that, in addition to numbers of staff, it was also important to consider the hours that the emergency consultants would be available and explained that it was intended increase these and move to a service led by a consultant 'on the floor'. David McVittie added that it would be important going forward to clearly emphasise how staff would be developed by the organisation to increase retention of staff.

David McVittie explained that focus groups had been established to consult patients with specific medical conditions who would be affected by the closure of the A&E service at CMH. The focus group for patients with Sickle Cell Disease had been consulted on the intention to keep the outpatient and day care service at CMH and to have two dedicated beds at the haematology ward at NPH for emergency care. However, the process of engaging patients in the development of these plans had not yet been concluded. Sarah Bellman (SaHF Communications) outlined the programme of public engagement regarding the closure of CMH A&E. A public information campaign had been launched on 28 July 2014 which encompassed a new website, face to face engagement with community groups, distribution of half a million leaflets to residents, organisations and businesses and a range of outdoor

advert. Information had also been provided in accessible formats including talking newspapers, a sign language video and a number of different languages.

The officers were thanked for their presentations. The committee agreed that a further update should be provided to the committee at a future meeting.

RESOLVED:

That an update be provided on the Central Middlesex Hospital A&E closure assurance at a future meeting of the committee.

#### **4. Transforming Healthcare in Brent**

A report updating members on Brent CCG's plans to transform the way that healthcare was provided in Brent was presented to the committee by Jo Ohlson (Chief Operating Officer, Brent CCG). Members were advised that there were three major transformational programmes which were closely interlinked and formed part of an overarching five year strategy. The first of these, Shaping a Healthier Future (SsHF) involved the reconfiguration of hospital services and in particular, the development of long term plans for Central Middlesex Hospital (CMH). Jo Ohlson drew members' attention to the list of proposed services for CMH set out in the report. She emphasised that planning for CMH was at an early stage and that an Outline Business Case was being developed to further explore and refine the proposals. The second programme, Primary Care transformation, aimed to improve access to GPs and make more treatments available in a community setting. Brent CCG, together with North West London CCGs had secured funding via the Prime Minister's Challenge Fund in April 2014. This funding would be used to assist GPs in developing their networks in order to provide extended opening hours, weekend opening and better use of technology.

The third programme, whole systems integrated care (WSIC), involved the joining together of health and social care services. Phil Porter (Strategic Director of Adult Social Services) advised that the Brent Early Adopter, WSIC project formed part of the Brent Better Care Fund Plan and was also one of fourteen Pioneer sites for WSIC in England. He emphasised WSIC was underpinned by a holistic vision which focussed on people, their wellbeing and their quality of life, rather than simply a patient's health needs or a service user's social care needs. WSIC placed people at the centre of the care that they received and ensured that providers worked together to provide an individualised and seamless service. The primary objective was to improve outcomes for people, for example feeling safe and secure. The Early Adopter project would initially deliver WSIC on a pilot basis for over 75s with one or more long-term conditions who were registered with a Harness or Kilburn GP. A fundamental part of the Early Adopter process was the idea of a 'capitated budget', which would enable a locality to know how much money it has to spend on its population across all services, and decide where to spend money, and which services and support would make the greatest difference.

The committee raised several queries in the subsequent discussion. Members asked what support would be provided to GPs to assist them in carrying out their additional responsibilities. Further information was sought on the development of GP networks and the accessibility of a patient's named GP to other medical professionals treating the patient. It was queried whether the £4m from the GPs

commissioning funds that had been directed to improving GP networks and interconnectivity was drawn from monies allocated for the commissioning of hospital services. The committee also sought clarification of how the total £10m funds were distributed across North West London. Commenting on the performance of GP surgeries, Councillor Kansagra noted the important contribution of all staff members to improved service and questioned whether this was reflected in the distribution of additional funding received by the practice. Councillor Daly advised that NHS England, when discussing the results of a patient survey that had covered all 67 of Brent's GP practices, had reported issues regarding patient access to GPs and sought an update on this matter.

A number of queries were raised regarding the proposed relocation of Mental Health Services from Park Royal to CMH. The committee sought further detail underpinning the assertion that there would be no negative impact to the relocation. A member queried what changes had been made to the relocation proposals as a result of the feedback received via consultation with patients and the public. A member advised that the former Health Partnerships Overview and Scrutiny Committee had visited the proposed site at CMH and had expressed misgivings about its suitability. It was therefore requested that the current Scrutiny Committee be permitted to undertake a site visit.

The Chair invited questions from other members in attendance at the meeting. Referring to the relocation of Mental Health services from Park Royal, Councillor Hector disputed the assertion that there would be equivalent facilities provided at the CMH site, noting that Park Royal provided eight wards, gardens, a football pitch, parking and a memory clinic.

Responding to the queries raised, Dr Madhukar Patel (Clinical Lead, Brent CCG) acknowledged that GP practices were under increased pressure; however, GP networks had been created to provide support in achieving the desired outcomes. Brent CCG had already implemented Integrated Care Plans and plans for unavoidable admissions and it was recognised that GPs were ideally placed to be the care co-ordinator for the new healthcare system developing. Within this new system GPs would be supported through the development of shared accountability across a range of different providers including other GPs, healthcare providers, adult social services or community services. With regard to the distribution of additional funding in GP practices, it was not possible to comment on the existing contracts in place for individual practices. However, it was noted that improvement in service provision could also be achieved through better ways of working. A Practice Network event had been held on 24 June 2014 and there was a focus on ensuring there was sufficient infrastructure in place to deliver via networks and at individual practice level. Jo Ohlson confirmed that the funding for developing GP networks which the report referred to as having been drawn from GPs commissioning funds had not been top-sliced from monies allocated elsewhere. The £10m total, which included the funding awarded from the Prime Ministers Challenge Fund, had been allocated across North West London on a capitation basis, with Brent receiving £1.4m. Dr Mark Spenser (SaHF Programme Medical Director) advised that NHS England commissioned GP services and Brent CCG was applying to become co-commissioners, with the intention of making those services more relevant and enabling Brent CCG to monitor performance. He emphasised that though there could be improvements currently in Primary Care Services, providers were meeting contract requirements.

Charlie MacNally, (Central and North West London NHS Trust) advised that the relocation proposals for Mental Health services at Park Royal were currently at the design stage. However, there would be no loss of facilities, with the exception of the Memory Clinic which would be transferred elsewhere and certainly, no reduction in beds provided. The specifications for the rooms size would actually increase. Members were advised that there had been one change made to the initial plans and that had been to locate the Psychiatric Care Unit closer to the Admissions Ward. This change had been made following public consultation. Dr Mark Spencer advised that the Scrutiny Committee was welcome to conduct a site visit, though there was little to view presently as the plans were at initial stages. It was confirmed that patients and staff would continue to be consulted as the plans for relocating the service developed and prior to finalisation, the plans would be submitted to the Scrutiny Committee for review.

Members of the public were then invited to ask questions. It was queried why there was no longer a Health Partnerships Overview and Scrutiny Committee. The Chair explained that the Council had determined the committee structure and that a further information could be provided following the meeting. A question was also raised on admittance routes for Mental Health patients in crises following the closure of the Accident and Emergency department at CMH and the transfer of Mental Health services to the CMH site. Duncan Ambrose (Assistant Director Mental Health, Brent CCG) assured that there would be no change to the current arrangements.

The Chair thanked everyone for their contribution to the meeting. Members agreed that a further update should be brought to a future meeting of the committee.

Dr Mark Spencer welcomed the submission of written questions to Brent CCG in the interim period.

RESOLVED:

That a further report updating the committee on the progress made in relation to transforming healthcare in Brent be submitted to a future meeting of the committee.

## 5. **Call In - Changes to Recycling and Green Waste Collections**

Decisions made by the Cabinet on 21 July 2014 in respect of the following report were called-in for consideration by the Scrutiny Committee in accordance with Standing Order 20.

### **Changes to Recycling and Green Waste Collections**

*The decisions made by the Cabinet on 21 July 2014 were:*

RESOLVED:

- (i) that approval be given to increasing the frequency of the dry recycling service to a weekly service;
- (ii) that approval be given to the extension of the separate food waste collection service to all street level properties;

- (iii) that approval be given to the introduction of a chargeable garden waste collection service as the means of facilitating these improvements as set out and detailed in section 4 of the report;
- (iv) that the financial and non-financial benefits that will accrue from these changes be noted;
- (v) that approval be given to the amendment to the Public Realm Contract and the minor changes to the contract targets to allow these proposals to go ahead.

*The reasons for the call in are:*

Whilst not opposing the principle of charging for garden waste, members consider that the system proposed could be improved on.

There was concern at the absence of crucial information in the report including:

- a proper analysis of options available to the council
- consideration of up front payment (covering collection and disposal) for recycling bags rather than an annual charge
- clear financial information regarding risk/gain to Brent Council and Veolia
- information about market research undertaken with residents on options likely to achieve good recycling rates
- how Brent can seek reciprocal arrangements with neighbouring authorities so increasing drop off points. The only site proposed in the report is at Abbey Road
- learning from other local authorities
- contamination of dry recycling/kitchen waste
- monitoring and enforcement
- communication with residents.

*An outline of the suggested course of action of the Scrutiny Committee is to:*

- seek a report responding to the concerns outlined above
- question lead member and senior officers and the leader
- if necessary, set up a very brief task finish group to examine these issues in more depth.

Additionally, reference was made to residents' concerns about the charge and the implications. Further clarification was requested on:

- the way the decision was made
- what would have changed within a year of a new contract, to justify such big change or adjustment
- the framework is in place for monitoring and reporting
- the financial implications for the council in relation to the scheme.

Whilst not opposing the principle of charging for garden waste, additional concerns were expressed at the absence of crucial information in the report including the failure to:

- demonstrate VFM (value for money)
- show financial information containing savings from decommissioning existing garden waste service

- give financial information regarding risk/gain to Brent Council and Veolia
- model other alternatives, available to the Brent Council and consider their financial and environmental impact.

*Scrutiny Committee is asked to:*

- seek a report responding to the concerns outlined above
- question lead member and senior officers
- if necessary, set up a task group to examine these issues in more depth to ensure VFM.

Finally, representations expressed the concern that a flat fee was regressive, and referred to lobbying by the Mapesbury Gardening Group, environmental groups and local residents. The main concern was that the arrangement may not represent value for money once scenarios for unintended consequences were included in the model.

*Scrutiny Committee is asked to:*

- invite the Lead Member, the Leader and appropriate officers to address these issues.

The Chair then invited Councillor Nerva, one of the councillors who had called in the item, to outline the reasons for call in. Councillor Nerva stated that he believed there was an opportunity to improve on the value for money presented by the proposals on recycling and green waste collection. He felt that the report that had been presented to the Cabinet had failed to sufficiently detail alternative options for collection, such as up-front charges or charging for bags, and that further information was required to assure members that the council was achieving the best possible financial outcome. Councillor Nerva emphasised that he felt that there had been limited information provided on the comparable activities of other local authorities and that there were a number of details about the proposals that warranted further investigation. In order to minimise further delay, it was suggested that a task group be established by the Committee to investigate the details of the proposals and report their findings to the next meeting of the Cabinet.

The Chair thanked councillor Nerva for his contribution and invited representations from members of the public who had submitted notice of their wish to speak on the item.

Mrs Stephens, Chair of the Sherbourne Gardens and Winbourne Drive Residents Association, advised that on speaking to residents she had found that there was a general feeling that the proposed new arrangements for recycling and green waste collection had not been properly thought out. There was a concern that introducing an annual charge for this service of £40 would encourage increases in hard landscaping with resulting negative impacts for natural drainage, an improper use of the grey bins for garden waste, and fly tipping of garden waste.

Mr Kitchen, a resident of the borough, expressed his support of the comments of Mrs Stephens and voiced his concern that the proposals appeared to relate to a summer service only. Mr Kitchen advised that he was also concerned about the

security of the new bins to be provided for food waste and the difficulties that may be caused to residents if bins were stolen.

Responding to issues raised, Councillor Perrin (Lead Member for Environment) emphasised that the contract had been negotiated via a process of Competitive Dialogue and represented good value for money for the council, resulting in savings of £1.3million in the first year of the contract, rising to £1.7million in subsequent years. The proposed annual charge for the optional garden waste collection would also provide a further £400K minimum income stream for the council. Outlining further benefits of the proposed new arrangements, Councillor Perrin advised that it was currently 50 per cent cheaper to process separated green waste. It was not anticipated that the new arrangements would significantly increase the level of landfill but if it did, this would be a cost borne by Veolia as there was an agreed cap on the level of landfill for which the council would be charged. Councillor Perrin also clarified that collection of garden waste would be bi-weekly during the summer and would continue to operate on a monthly basis during the winter.

The committee was then invited to discuss the Call In. Confirmation was sought that the Lead Member and Lead Officer were confident that the contract represented value for money and met the needs of the borough. Members queried why additional options, such as the sale of biodegradable bags for green waste, would not be offered under the new arrangements. The committee sought further information on the anticipated affect of the proposals on issues such as fly tipping and improper waste disposal. A number of detailed queries were made regarding the operation of the new arrangements; members asked how secure the new food waste bins would be, whether families could request more than one bin if required, and sought clarity on the charges that would apply for garden waste, particularly whether the charges would be fixed for the duration of the current administration . It was highlighted that residents in Kilburn did not have the green waste bins and the committee queried how those residents would be affected by the changes. It was further queried what arrangements were in place to store the green waste bins that would be removed from those residents choosing not to subscribe to the scheme. The committee also sought details of the communications strategy for informing residents of the changes.

Commenting on concerns expressed by residents, members noted that residents might feel that the application of a standard charge for garden waste, irrespective of the level of waste produced was not fair. It was further noted that the new arrangements for garden waste collection would commence from 1 March 2015 but that in preparing for this, those residents choosing to opt out of the scheme would have their green waste bins collected, leaving them unable to utilise the existing service. A member queried whether consideration had been given to providing those who opt out of the garden waste collection service with a free compost bin. Officers were also asked to comment on the possibility of delaying implementation of the garden waste collection service. With reference to the savings that would be delivered via the proposed changes, members queried what alternative action would be required if the changes were not implemented.

Councillor Perrin asserted that the contract was flexible and provided best value for the council. He further stated that he considered that the proposals were fair to residents as an equal charge would be applied to all who used the service.

Sue Harper (Strategic Director of Environment and Neighbourhoods) expressed her confidence in the contract and explained that the council, via the Competitive Dialogue process, had driven down costs and negotiated a better quality of service. The contract was designed to be flexible should any changes be required and would be subject to close monitoring and periodic review. Sue Harper further explained that as the current provider for the council, Veolia had been able to offer value for money for the proposed services by making use of the existing green waste bins. The offer of additional options for disposal of garden waste, such as providing and collecting biodegradable bags in addition to bins, would result in a system more complicated to administer and would be more costly to the council. It was confirmed that feedback had been obtained from other local authorities with comparable schemes during the process of negotiation and based on the information received it was not anticipated that there would be an increase in fly tipping as a result of the new arrangements for recycling and green waste.

Addressing the impact of delaying implementation of the scheme, Sue Harper explained that the implementation schedule had been arranged to minimise disruption for residents. Those choosing to opt out of the garden waste collection scheme would have their green waste bins removed during the winter months, outside of the growing season, with the new service due to commence from 1 March 2015. In addition, Veolia was currently awaiting confirmation that it could proceed with its order of new vehicles required for the dual collection of dry recycling and food waste. Delay beyond August 2014, might require that the scheme be delayed for a further year. There were no pre-identified alternatives for delivering the savings that would be produced via the proposed changes to waste services.

Chris Whyte (Head of Recycling and Waste) advised that the food waste bins that would be provided to residents had been designed for the purpose, were lockable units and would be 'fox proof'. Responding to members' queries regarding the garden waste service, he clarified that residents could subscribe to the service for a charge of £40 per annum. This charge was subject to review at the end of each year. In addition to the annual charge, residents who did not opt in to the scheme initially and subsequently had their green waste bins removed would have to pay a further one-off charge of £40 for the bin. Veolia would store the removed bins and had sufficient space in their two depots located in Brent. It was emphasised that there would be no change to the type of garden waste that could be disposed of via the service. Chris Whyte acknowledged that there were a number of households in the borough that did not currently have bins for green waste and confirmed that everyone would have the opportunity to subscribe to the new garden waste service. He explained that a comprehensive communications programme was planned to inform residents of the changes to recycling and green waste collection; this would encompass sending leaflets to all households in the borough supported by face to face engagement. Sue Harper confirmed that the communications programme would be initiated following confirmation that the Cabinet decision was to be implemented.

The Chair invited questions from the audience. Mr Lorber commented that though there was detail in the report to Cabinet of what other local authorities were charging, information had not been provided on the frequency of service and that he felt that there was insufficient explanation of the financial information provided.

Another member of the public made comment on the timing of the choice to pursue changes to recycling and green waste collection.

Thanking everyone for their contribution to the meeting, the Chair acknowledged the concerns raised and suggested that on-going scrutiny of the contract would be necessary. He proposed that in view of the flexibility of the contract, a review be held following a period of 9 months. The committee agreed to the Chair's proposal and, in light of concerns raised regarding the removal of green waste bins prior to the commencement of the new scheme in March 2015, agreed that efforts should be made to ensure the removals be as close as possible to this date.

RESOLVED:

- (i) that the decisions made by the Cabinet on 21 July 2014 regarding changes to recycling and green waste collections be noted;
- (ii) that a review be held following a period of 9 months;
- (iii) that efforts should be made to ensure the removal of the green waste bins be as close as possible to 1 March 2015 to minimise inconvenience to residents.

## 6. **Promoting electoral engagement**

The Chair drew members attention to the report setting out the proposed scope for the Scrutiny task group on Promoting Electoral Engagement. The task group had been requested by Members in response to the introduction of individual electoral registration (IER). The task group would focus on proposed actions to promote electoral registration and target those groups who may be adversely affected by the changes and as a consequence could lose their right to vote. The Chair advised that it was proposed that Councillor Nerva would Chair the task group and the remaining membership would be determined subsequently.

RESOLVED:

That the scope and timeline for the task group on Promoting Electoral Engagement as set out in Appendix A to the report be agreed.

## 7. **Budget Scrutiny Panel - Terms of Reference**

Cathy Tyson (Head of Policy and Scrutiny) presented a report to the committee setting out the proposed terms of reference for the annual Budget Scrutiny Panel. The Panel would be responsible for providing scrutiny of the council's budget proposals as they were developed for the financial year 2015/16 and beyond. The panel would meet from September 2014 through to March 2015 to review the council's emerging budget proposals and provide feedback to the Cabinet. A final report would be produced by the Panel reflecting their discussions and findings and submitted to the Cabinet and to Full Council in March 2015.

The Chair noted that a member of the public, Mr Kaye had indicated that he wished to ask a question on this item. Mr Kaye advised that the meetings of the Budget Scrutiny Panel would not be open to the public. He stated that the Panel would be

established in place of the former Budget and Finance Overview Scrutiny Committee, the meetings of which had, in contrast, been open to the public. He felt that this had adversely affected the budget setting process and undermined the role of Scrutiny in maintaining the democratic process. Mr Kaye raised a concern that there was no longer a Scrutiny Committee dedicated to scrutinising the One Council Programme<sup>2</sup>. Mr Kaye concluded by requesting that the committee vary the proposed terms of reference to make the meetings of the Panel open to the public.

Cathy Tyson clarified that the Budget Scrutiny Panel had been established annually for several years to support the budget setting process. It pre-dated the new Scrutiny arrangements and did not replace the former Budget and Finance Overview and Scrutiny Committee. The Budget Scrutiny Panel had always been conducted in the same manner and involved meeting with lead members and directors of the council. The findings of the Panel would be reported back to meetings open to the public. Cathy Tyson also explained that the Scrutiny Committee would continue to scrutinise the One Council Programme.<sup>3</sup>

RESOLVED:

That the terms of reference for the Budget Scrutiny Panel as set out in Appendix A to the report be agreed.

**8. Scrutiny Committee draft forward plan 2014/15**

Members noted the committee's forward plan for 2014/15.

**9. Date of next meeting**

It was noted that the next meeting of the committee was scheduled for 9 September 2014.

**10. Any other urgent business**

None.

The meeting closed at 9.32 pm

A Choudry  
Chair

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<sup>2</sup> As amended on 9 September 2014

<sup>3</sup> As amended on 9 September 2014