



MINUTES OF THE SCRUTINY COMMITTEE

Tuesday 9 September 2014 at 7.00 pm

PRESENT: Councillor A Choudry (Chair), Councillor Colwill (Vice-Chair) and Councillors Daly, R Patel (attending for Councillor Van Kalwala) W Mitchell Murray, Oladapo Southwood and Thomas (attending for Councillor Allie), together with Mr Alloysius Frederick, and appointed observer, Lesley Gouldbourne.

Also Present: Councillors Perrin and Aden, Butt, Hector, Hirani, Kabir, McLennan and Filson

Apologies were received from: Councillors Allie and Van Kalwala , Co-opted Member Dr J Levison and appointed observers Jenny Cooper and Chrissy Jolinon

1. Declarations of personal and prejudicial interests

None.

2. Deputations (if any)

None.

3. Minutes of the previous meeting

RESOLVED:

That the minutes of the previous meeting held on 6 August 2014 be approved as an accurate record of the meeting subject to the following amendments:

- (i) That the first sentence of the second paragraph under minute item 3 be amended to read '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.'
- (ii) That the comments of Mr Kaye under minute item 7 be amended to include reference to his concern that there was no longer a Scrutiny Committee dedicated to scrutinising the One Council programme.

4. Matters arising

There were no matters arising.

5. Closure of A&E at Central Middlesex Hospital

The Chair advised that the committee had received an update on the closure of the A&E Department at Central Middlesex Hospital (CMH) at its last meeting on 6 August 2014. However, since that time, the Care Quality Commission (CQC) had published a report following its inspection of Northwick Park Hospital (NPH), and had rated the A&E service as 'Requires Improvement'. Members had raised concerns about how this affected plans to close CMH A&E and senior health colleagues were present to address members' queries.

At the invitation of the Chair, Rob Larkman (CO Brent, Harrow and Hillingdon CCGs) introduced the briefing report before the committee which set out the response of the North West London Hospitals Trust (NWLHT) to the CQC report and addressed the implications of the report for plans to close CMH A&E. He explained that the closure of CMH A&E formed part of the Shaping a Healthier Future (SaHF) proposals which aimed to improve hospital based services across the whole of North West London. The proposals had been made by medical professionals working in North West London and had been extensively consulted upon in 2012. They had been reviewed and supported by an independent panel of medical professionals and had been agreed by the Secretary of State, who had recommended that in light of concerns regarding safety and sustainability, the CMH A&E department be closed as soon as practicable. Since the publication of the CQC report on NPH, NWLHT together with the CCGs had revisited and reaffirmed the decision to close CMH A&E on 10 September 2014 having concluded that it remained both safe and necessary to proceed.

Chris Pocklington (Deputy Chief Executive of North West London Hospitals Trust (NWLHT)) explained that the findings of the CQC report had been anticipated and were fully supported by NWLHT. He outlined four key themes identified by CQC in relation to NPH A&E; workforce shortages, lack of clinical leadership on the floor, pressure on beds leading to long waiting times, and patient privacy and dignity. In describing planned improvements, he emphasised that NWLHT was of the view that the closure of CMH A&E would enable many of the concerns identified by CQC to be addressed. In closing CMH A&E, staff would be transferred to NPH A&E, increasing the number of consultants and nursing staff available. Prior to the publication of the inspection report, NWLHT had already appointed a team of senior clinicians to lead the A&E department. The ongoing pressure on beds at NPH would be eased by the creation of 20 new beds due to open on the closure of CMH A&E. It was also considered that further benefits would derive from the opening of the new A&E department at NPH later in the year, including improved patient experience.

Rob Larkman concluded the presentation by emphasising that the feedback received from the CQC actively reinforced the decision to proceed with the closure of CMH A&E.

In the subsequent discussion a member questioned why the issues identified by the CQC report had not been addressed with the committee at the previous meeting and why permission had not been sought from the CQC to release the relevant information to members. It was further queried whether the Brent CCG had been aware of the findings of the CQC report at the previous meeting of the committee.

The committee also requested further detail on the findings of CQC inspection report regarding NPH A&E and queried when the new A&E department at the hospital was due to open. Queries were raised regarding the creation of 20 additional beds at NPH on the closure of CMH A&E. A member challenged whether this increase was sufficient to address the concerns highlighted by the CQC, particularly given the anticipated increase in patients following the closure of CMH A&E. The committee sought confirmation of the timescales for increasing bed capacity to the required standard and turning-around performance at NPH. It was subsequently queried why CMH A&E was being closed before the various pressures on the hospital were tackled. Emphasising the need to increase bed capacity at NPH, a member sought confirmation of the number of beds that would be removed across North West London's Hospitals under the SaHF programme.

Addressing issues of workforce shortages at NPH, the committee questioned whether a sufficient number of staff from CMH A&E were prepared to take up new posts at NPH A&E, particularly given that the staff configuration at CMH had been deemed unsustainable. Comment was sought on concerns that had been expressed by NHS Harrow and Greenbrook Healthcare regarding the physical capacity of the Urgent Care Centre (UCC) at NPH to cope with any increase in patients following the closure of A&E at CMH. A Member noted that the changes to hospital configuration across North West London were predicated on improvements in the delivery of primary and community care and queried the progress achieved in implementing GP hubs across Brent, and Harrow. The committee questioned whether it was accepted that there would be significant issues caused by the closure of CMH A&E.

Chris Pocklington confirmed that the CQC report had been issued in draft to NWLHT at the time of the previous committee meeting, though the CCG had not been aware of the findings of the report until its publication on 20 August 2014. He emphasised that NWLHT did not dispute the findings of the CQC report and felt able to provide a positive response to CQC, describing how the issues identified would be addressed. He reiterated that nursing and consultant staff from CMH A&E would transfer to NPH A&E. Tina Benson (Director of Operations, NWLHT) explained that formal consultation with staff had concluded just over four weeks previously. Only two members of staff had opted to remain at CMH and had been accommodated into other teams at the hospital. All other staff had confirmed that they wished to transfer to NPH. Chris Pocklington asserted that the decision to close CMH A&E was fully supported by the consultant and nursing staff at the hospital and Ursula Gallagher (Director of Quality and Safety, Brent, Harrow and Hillingdon CCGs) advised that the CCGs would not have supported the plans to close the A&E department at CMH if clinical staff had not backed the plans. Tina Benson further explained that CMH had been deemed clinically unsustainable not because staff members were overworked, but because staff were not able to maintain and develop their clinical skills due to the restricted number of patients using the A&E department.

Chris Pocklington further advised that the CQC had felt that there needed to be greater evidence that senior doctors were involved with the leadership and management of the Emergency Department. Since the inspection in May 2014, three Senior Doctors had been appointed to the Emergency Department and a Senior Physician had been appointed to lead the emergency pathway. The CQC

had also identified the lack of bed capacity at NPH, though had commented that length of patient stay and mortality rates were good. Several measures were being taken to address bed capacity across NPH. In the immediate term this included the creation of the additional 20 beds at the hospital and the opening of the new Emergency department at NPH in November 2014, which was expected to deliver performance improvements. Plans were in progress to open a new modular ward in Autumn 2015 which would provide an additional 70 beds. It was expected that the opening of this new ward would enable NPH to bring waiting times down in the A&E to meet the national standard. Ursula Gallagher advised that the CCG had also commissioned additional beds at a number of locations, including Mount Vernon Hospital and various nursing homes to address the expected increase in service pressure over the winter months. The role of the short-term assessment, rehabilitation and re-ablement service (STARRS) in easing pressure on bed capacity was highlighted and it was emphasised that CQC had commented on the success of this service. Daily system-wide monitoring was now conducted via phone to ensure the provision of safe, emergency care across North West London.

Dr Mark Spencer (Medical Director, SaHF) confirmed that the SaHF strategy involved the reduction of 150 hospital beds across North West London over the next five years. He emphasised that SaHF aimed to improve primary and community care to minimise unnecessary hospital admissions; however, due to the requirement to close CMH A&E sooner than had been anticipated, there was a short term need to increase bed capacity at NPH. Responding to the query regarding improvements in primary care, Sarah Basham (Deputy Chair, Brent CCG) advised that there were GP Hubs in operation in every locality in Brent. These hubs enhanced patient access to GP services and the CCG was currently in the process of extending the model. Rob Larkman explained that Harrow had an equivalent strategy aimed at improving access to primary care. Walk-in Urgent Care Centres had long been established at the Pinn Medical Centre and Alexandra Avenue Health and Social Care Centre and GP appointments were already offered in Harrow at weekends and in the evenings. It was confirmed that NHS Harrow and Greenbrook Healthcare had expressed concerns regarding the physical capacity of the Urgent Care Centre at NPH if patient attendances increased following the closure of CMH A&E but had decided that the closure was safe and that the system across North West London was able to accommodate this change.

The Chair thanked everyone for their contribution to the discussion and emphasised that it was clear that councillors and members of the public continued to hold concerns regarding performance of the A&E at NPH and the impact of the closure of the A&E department at CMH. He noted that there remained a number of areas that still required improvement and proposed that the committee receive a further update in six months time.

The committee agreed the Chair's proposal and extended an invitation to the health representatives to attend the forthcoming round of Brent Connects Forums. A member requested that an item on maternity services at NPH be included on the committee's work programme for the next meeting.

RESOLVED:

That an update on performance at Northwick Park Hospital Accident and Emergency Department be provided to the committee in six months time.

6. **Parking Services Update**

Michael Read (Operational Director, Environment and Protection) introduced a report to the committee updating members on the delivery of parking services. He explained that in September 2012, the Executive had agreed to make a raft of changes to the service to modernise delivery, reduce expenditure and provide a platform for future efficiencies. Key to these changes was the development of a new online parking permit database designed to facilitate access to the service via telephone, text and the council's website, whilst removing counter services. These changes posed no difficulties for adequately capturing the data required for residents' permits but it was recognised that substantial changes would be required for visitor parking which had operated using scratch-card permits. It had subsequently been agreed that a virtual visitor permit system be implemented and this had been built into the contract specification put to the market. The contract had been awarded to Serco with anticipated savings for the council of up to £850k per annum, predicated on the reduction of Civil Enforcement Officers permitted by the introduction of virtual permit system.

Michael Read acknowledged that there had been significant problems with the initial implementation of the new system and described the work that had been undertaken to address these issues. The committee heard that initial capacity issues for the call centre had led to long call waiting times and a high rate of call abandonment. Members' attention was drawn to the table at paragraph 5.3 of the report, detailing improvements in call centre performance. Michael Read highlighted that the call abandonment rate had reduced from 26.3 per cent between July and September 2013 to 1.7 per cent between April and June 2014. The average call waiting time had also reduced from 4 minutes 27 seconds to 39 seconds over the same period.

During the subsequent discussion the Committee emphasised that many elderly and vulnerable residents had reported that they had experienced significant difficulties attempting to use the new system. Many of these residents were not computer literate, nor au fait with mobile phone technology and given the difficulties and cost implications associated with registering visitor permits via the call centre, faced significant barriers to accessing the system. Members also noted that the system relied upon residents having the car registration details of a visitor in advance of the visit or being able to quickly arrange the permit on arrival. The committee expressed strong concerns that vulnerable residents who relied upon regular visits from friends, relatives and carers, could become isolated as a consequence of being unable to use the new permit system. Members noted that there had been numerous requests for alternatives to virtual permits to be considered and queried what action had been taken in response. The committee also queried how long a resident had to register a visitor's car, before a parking ticket could be issued to the vehicle. Further questions were raised regarding the cost to residents of calling the permit service and whether customer feedback from elderly residents had improved since the initial difficulties. The committee queried the savings made by replacing scratch-cards with the virtual permit system. Members also commented upon errors made in relation to Controlled Parking Zones (CPZ) for resident permits and the importance of keeping the council's

website up to date, noting that the date for final usage of the scratch-card visitor permit was no longer correct.

The committee then questioned whether it was legal for CCTV cameras, installed for community safety reasons, to be used to issue parking tickets. Councillor Thomas advised that the use of these cameras had caused particular difficulties in the High Street in Harlesden, where ill planned road works had left businesses without appropriate loading bays, thereby forcing deliveries to be made in areas where parking was prohibited. Councillor Thomas invited Michael Read and Sue Harper to view the difficulties caused at the High Street in Harlesden in person. A query was then raised regarding the length of time that was considered reasonable to stop in areas where parking was restricted before a ticket was issued by cameras. Concerns were expressed regarding inappropriate use of CCTV vehicles by officers and it was highlighted that reports of these being dangerously parked had been received. Members questioned what monitoring arrangements were in place to ensure that CCTV vehicles were used correctly.

At the invitation of the Chair, Councillor Hector addressed the committee to advise that residents with English as second language had also experienced difficulties accessing the parking permit system.

Responding to the queries raised, Michael Read advised that alternative measures to support residents in accessing the parking permit service had been explored. As a consequence of this work, a Cared-For permit would be soon be introduced. This would be a physical permit that could be displayed in a carer's car, then returned to the resident at the end of the visit. The use of a physical permit in these circumstances would not affect the overall operation of the system as it would only apply to a very small proportion of users. The option to have up to two 'trusted phone numbers' had been introduced for those who had been unable to use the phone or text service. This enabled a resident to nominate two people who would be able to authorise visitor permits on their behalf. He further explained that an Equalities Impact Assessment (EIA) had been completed in 2012 when developing the new strategy for delivering parking services in Brent. The EIA had identified that residents who had difficulty accessing or using a computer would be adversely affected by the proposed changes. In response to the EIA, options to access the service via telephone or text message had been added. The council was currently working with the contractor to extend automatic answering to enable a twenty-four hour telephone option to be available from late Autumn 2014. The EIA was currently being revised and if continued access issues were identified, officers would explore how the current system could be adapted to address these. Michael Read emphasised that feedback from customers had indicated that many people had found that their needs had been met by the trusted-numbers option, or that they had simply needed some initial assistance understanding how to use the new system.

Michael Read further advised that calls to the service were charged at a local rate for landlines and at the standard charge for mobile phones. Civil Enforcement Officers were required to wait for approximately 5 minutes before issuing a ticket to an offending vehicle to allow time for visitor registration. The savings made by the council by moving to virtual visitor permits was approximately £500k a year, though it was difficult to separate these savings from those achieved overall. Michael Read acknowledged the issues regarding CPZ and advised that these had been

addressed in the report before the committee. He accepted that it was important to ensure that the council's website was kept up to date but advised that he would proposing to Cabinet that there be no deadline for use of the remaining scratch-cards visitor permits held by residents.

Addressing the committee's queries regarding the use of CCTV cameras, Michael Read advised that the council's use of these to issue Penalty Charge Notices (PCNs) was lawful and explained that permission had been sought from the Department of Transport. There had been errors made by the Council in relation to the difficulties caused by the contractor undertaking work in the High Street in Harlesden. However, the council had cancelled a number of the PCNs issued where there was evidence of loading and unloading taking place. It was clarified that CCTV vehicles were permitted to park in areas where parking was prohibited if there was no other alternative to capture footage of the offences; however, at no time should a CCTV vehicle be parked in such a way as to cause danger to pedestrians or other road users. The council investigated any allegations of misuse of the vehicles and took disciplinary action where appropriate. The council had worked with Serco to ensure that staff understood their legal responsibilities and did not cause reputational damage to the council. Michael Read explained that this issue would become defunct as legislation was forthcoming to prevent local authorities from using CCTV to issue PCNs, except in very limited circumstances.

The committee welcomed the work being undertaken to revise the current EIA and sought details of the timeline for completion and the contribution members would be invited to make. It was suggested that consideration be given to lengthening the period allowed before a PCN could be issued, in light of some of the difficulties reported by residents. Members highlighted the importance of training for Civil Enforcement Officers and reiterated concerns regarding the use of CCTV cameras to issue PCNs, particularly where they had been installed for community safety purposes. A view was put that the council should not wait for legislation to be enacted before ceasing to use CCTV to issue PCNs.

Michael Read advised that the EIA would be completed over the next few months. He invited members to report any examples of customer experiences of the Parking Permit Service and agreed to look into whether the period allowed before a PCN was issued could be extended.

The Chair highlighted that the committee had unanimously expressed concerns that the current functioning of the visitor parking arrangement was far from adequate. He emphasised the feeling of the committee that there was overwhelming evidence of public dissatisfaction with the existing system, drawn from the level of complaints made directly to councillors, and proposed that Cabinet be advised to reappraise the visitors parking arrangements, taking into account the serious concerns expressed by members and residents. The committee agreed with the Chair's proposal.

The Chair thanked Michael Read and Councillor Perrin for attending the meeting.

RESOLVED:

That Cabinet be requested to reappraise the existing arrangements for visitor parking permits, taking into account the serious concerns expressed by the Scrutiny Committee and members of the public.

7. Proposed Scope for Scrutiny Task Group on the Pupil Premium

Cathy Tyson introduced a report to the committee setting out proposals for the establishment of a task group on the use of the Pupil Premium Grant (PPG). She explained that the PPG was provided by central government direct to schools as part of the Schools Funding Formula to assist schools in raising attainment of disadvantaged pupils. The task group had been requested by the members of the Scrutiny Committee in response to borough priorities to improve attainment for disadvantaged pupils. Members attention was drawn to appendix A to the report which detailed the proposed scope for the task group. Cathy Tyson highlighted that schools were required to report on their use of PPG and there were a number of good sources of data that could be drawn on.

At the invitation of the Chair, Mr Francis addressed the committee. He declared an interest in the item, explaining that he was Chair of Governors at Chalkhill Primary School. Mr Francis asserted that it was important that schools be publically accountable for their use of PPG. He suggested that the task group consider how schools identify pupils who required additional assistance, noting that categories such as eligibility for free school meals were not always indicative of support needs. Mr Francis further proposed that the task group also examine qualitative data regarding the activities undertaken by schools. He advised that holistic activities which aimed to meet emotional as well as academic needs were also very important for a child's development and attainment. It was emphasised that some enrichment activities did not deliver immediately observable results and that this should be considered when looking at the period of study. Mr Francis also suggested that the task group engage with parents and children to discuss their experiences.

A view was put that teachers should also be directly consulted regarding their insights on the use of the PPG. A member noted that an enhanced focus should be applied to Stonebridge Ward as it was ranked the 12th most deprived affected children's ward in London. Councillor Filson added that it would also be important to examine schools who had slightly lesser numbers of pupils eligible for PPG, as they might be less able or less practiced at making the best use of the grant.

Christine Gilbert (Chief Executive) advised that the Brent Schools Partnership should be contacted for their views on the scope of the task group and about how Brent schools can best support each other to make best use of the PPG.

The committee welcomed the additional proposals and agreed that they be incorporated into the scope of the task group.

RESOLVED:

- (i) That the scope and time scale for the task group on the use of the Pupil Premium, attached as Appendix A to the report be approved.

- (ii) That the proposals made by councillors, officers and members of the public during the discussion of the item be noted and incorporated into the scope of the task group.

8. **Any other urgent business**

None.

The meeting closed at 9.07 pm

A Choudry
Chair